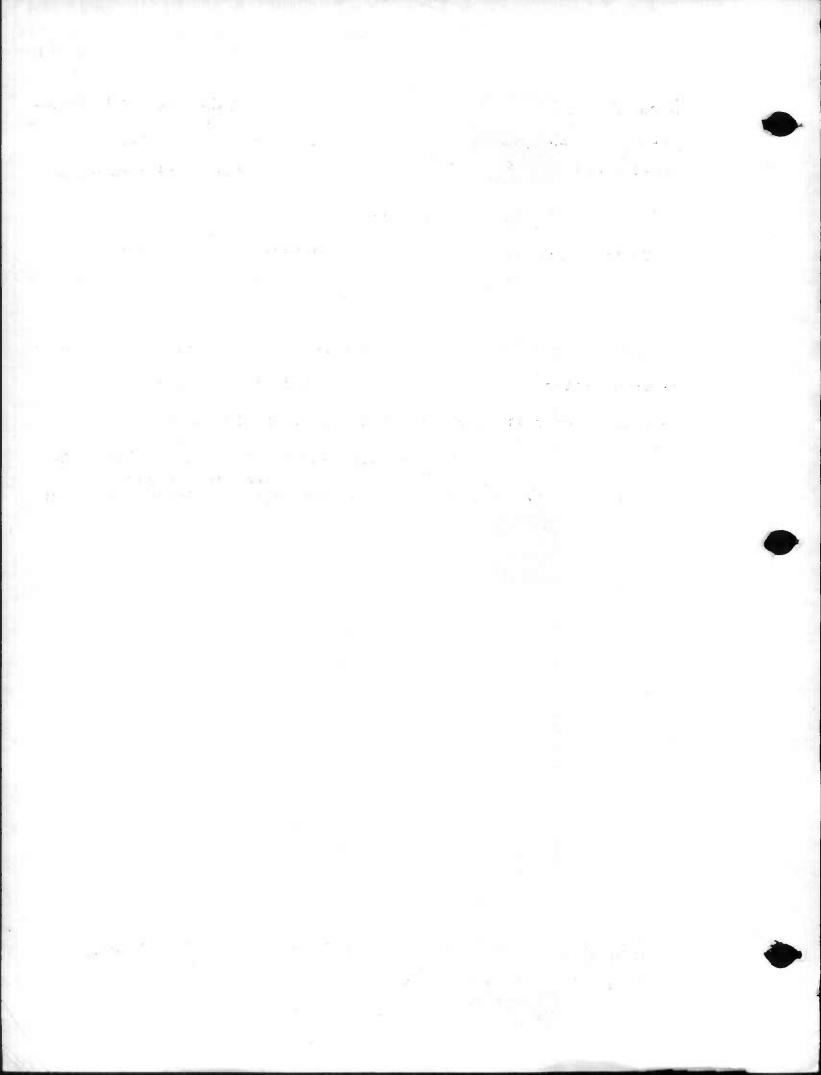
State of Maryland / Department of Health and Mental Hygiene 96 2 1501

	. Decedent's Neme (First, Middla, La	asf)			ficate of		2. Dete of Dee			3. Time of Death				
ian cal	Naomi A. Taylor Fecility Neme (If not institution, gir		r)			4b. City, Town, or Lo	Month July	Day 6	1496	1442_				
III.		aryland	"			D.L.	0							
	Social Security Number 6.	SaxO 7. A	iga (In yrs. les		If Under 1 Year	If Under 24 Hrs.	8. Dete of Birth	Ci		ca (Stata or Foreign				
	216-07-4864 suel Residence of Decedent	1□M 2XF	79	Yrs.	Months Days	Hours Min.	8. Dete of Birth (Month, Dev Aug 1	1916		n land				
	Da. Stata 10b. County		10c. City,	Town or Loca	tion				100	d. Inside City Limits				
ctor	Md. City	/		Balti	more					1 XYes 2 No				
Director	De. Street and Number				10f. Zip Code			log. Citizan of		y?				
rai	1506 Light St					21230			SA					
by Funeral	1. Maritel Stetus 1. Navar Married 2. Merried 3. Widowed 4. Divorced	12. Was Deceden Armed Forces 1 Yes 24 If Yes, Giva Yeer or Detes	?] No		es Decedent of Nes, specify Cub	dispento Origin? (Sp an, Maxican, Puarto Specify:	ecify Yas or No- Rican, atc.)		ck, White, et White, et	c.				
100	15. Decedent's E	ducation		16a. Deceder	nt's Usuei Occup	pation during most of work d)	ina	16b. Kind of B	usiness/Indu	istry				
Completed	(Specify only highast gr Elementery/Secondery (0-12)	Coilege (1-4or	5+)						041	0-1				
	12	0		se	cretar	-				y School				
m	7. Fether's Neme (First, Middle, Last Allen S. Ellis	•	T.			18. Mother's Nem			11⊕/					
	9e. Informent's Neme/Relationship		/	19b. Meilina	Address (Street				, Stete, Zip C	Code)				
			ughte		Contract of the Contract	Ave. Baltimore, Md. 21225								
	Carolyn J. Colwell Daughter 415 5th Ave. Baltimore, Md. 212 20e. Method of Disposition 20b. Place of Disposition (Name of cematery, crametory or other place) 20c. Location - City or cematery, crametory or other place)													
	20e. Method of Disposition 1 Dete 20c. Location - City or cematery, cramefory or other placa) 4 Donation 5 Other (Specify) 20b. Place of Disposition (Neme of cematery, cramefory or other placa) Loudon Park Cemetery 7/19/96 Baltimo													
2	Loudon Park Cemetery 7/19/96 Baltimo 21. Signatura of Funaral Service Licensee 22. Nama and Addrass of Facility McCully Funeral H Annul A- Yaylor 130 E. Fort Ave. Baltimore, Mc													
2	Lanul a- 1/aylos 130 E. Fort Ave. Baltimore, Md. 21230													
150	23a. Pert1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line.													
d	Immediate Ceuse (Final disease or condition													
r	disease or condition resulting in deeth) e. Myo cardia Infarction Due to (or es e consequence of):													
Examiner	_	b Cer	ebral	he	marchae	ع د				lwk				
X S	equantielly list conditions,	0.		es e conseque										
	equantielly list conditions, eny, leeding to immediate ause. Enter Underlying leuse (Diseese or injury net Initiatad events	c. R19	he pa	netal -	occip	tal inf	oretion			IWK				
edical	net initiated events asulting in deeth) Last		Due to (or a	s a consequa	nca of):	U								
		d												
Cla	art II. Other elgoificent conditions	contributing to death	but not recult	ing In the und	artica couco ci	von in Port I	23h Did t	phaces upa co	ntribute to	the cause of death?				
Physician/M	arcii. Vulai algiinicant conditiona (Antibuting to death	out not rasult	ing in the uno	erlying cause given in Pert I. 23b. Did tobacco use contribute to the cause 1 Yes 2 No 3 Probably 40									
by P										ably 400 Unknown				
Completed							24e. Wes a	an autopsy med?	com	e autopsy findings leble prior to pletion of cause seth?				
mo							1 🗆 Y	es 2 No	10	Yes 20 No				
	5. Wes case referred to medical					26. Plece of Deet								
2	examiner? 1 Yes 2 No	Hospitel: 1 Inpai		R/Outpatient	3LI DOA		me 5 Resid	ence 6 🗆 Ott	ner (Specify)					
	7. Menner of Deeth 19 Neturel 5 Pending 2 Accident Invastigation	28e. Dete of In (Month, D	ury ey Year) 2	8b. Time of Injury	28c. Inju Wo M 1	ry at rk? IYes 2 □ No	28d. Describe h	ow injury occu	rred					
Certification:	3 Suicide 6 Could not be determined	286. Piece of I	njury - At hom etc. (Specify)	e, ferm, stree	t, fectory, office		28f. Location (S City or Tow	treet end Num. n, Stete)	ber or Rural	Roufa Number,				
1 -	9e. Certifiar (Check only one) 1 Certifying Pl	nysician: To the bes miner: On the basis and menner s	of exeminetio	edge, deeth o n end/or invas	ccurred et tha ti	ma, date and place, opinion, deeth occur	end due to the d red at the time, d	ausa(s) end m	anner es ste end due to t	ited. the cause(s)				
	9b. Signetura and title of certifier				29c. Licens	se number		29d. Date signe	ed (Month, D	ay, Year)				
	1 Date. 1 4.	ad MD			29c. License number 29d. Date signed (Month, Day, Year)				1					
	IVAM, W. IA		1		1114 1	0 1471	0							
30			ompleted cause of deeth (Item 23a) (Type, Print) 22 S. GULN St					5		*				
30		completed cause of			int)									



Items:5,6,7,8,9,10a-g,11,12,13,15,16a,b,17,18,19a,b perInformant G-752 10/24/97 reb / ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-737 7/26/96 t.t Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 96-1624-041 AM State of Maryland / Department of Health and Mental Hygiene 21502 UNK.96-0 Items: 1,23 part I,28d per MEO G-752 10/16/ Dertificate of Death reb Reg. No. 1. Decadant's Nama (First, Middle, Last) 2. Deta of Death 3. Time of Death Dey **Physician** Month 1:26 p.m. -Unknown 96-59 JOEL A, ANDERSON MARCH 23,1996 4a. Fecility Nama (If not Institution, giva street and numbar) 4b. City, Town, or Location of Daath Examiner LEWISTOWN RD. Lewistown TALBOT if Under 1 Year If Under 24 Hrs. | 8. Dete of Birth 8/28/60 | Months Deys Hours Min. | 8. Dete of Birth 8/28/60 | 5. Social Sacurity Number 161-58-9657 6. Sax 1XXM 2□ F 7. Aga (In yrs. lest birthday) Birthplace (Stata or Foreign Country) **Funeral** unknown 37 yrs. unknown PENN. Director unknown unknown Usual Rasidance of Decedant 10b. County GUILFORD 10e. Stata N. C 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at **HEARNERSVILLE** unknown Director unknown unknown 1 ☐ Yas 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? unknown MEADOW BROOK, M.H.P LOT #23 unknown unknown or Items 23a 27284 death by Funeral 11. Meritel Status unknown 12. Was Decedent Ever in U.S. Armed Forcas thrich Own 1 ☐ Yes X 10 No if Yas, Giva Year or Detas: 13. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 □ Yes 2 No Specify: 14. Rece - Amarican indlen, Black White etc. filed within 72 hours after 1 Navar Married 2 Married 21215-0020 White Specify: 3 ☐ Widowed 4 ☑ Divorced "natural". Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry al Hygiene. CONSTRUCTION Elemantary/Secondary (0-12) Coliaga (1-4or 5+) unknown 11th unknown LABORER unknown unknown other traumatic event, Baltimore, Maryland 17. Fathar's Name (First, Middla, Last) .. Pages 1 and 2 should be fill tment of Health and Mental H tent: If item 27 is marked oth 18. Mothar's Nama (First, Middla, Maldan Sumama) Be unknown HAROLD A. D. ANDERSON unknown VIRGINIA ALICE HESS 19a. informant's Name/Ratationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Department of Health a important: If frem 27 is any injury or other tracents. unknown HAROLD A. D. ANDERSON unknown 9946 GERMAN RD. NORTH EAST, PA. 16428 20b. Ptace of Disposition (Nama of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata Method of Disposition in

□ Burial 2 □ Cramation 3 □ Removal from Stata
4 □ Donation 5 ☑ Other (Specify) State rem 21. Signature of Funeral Service Licensee

JOSEPH B VanSant 22. Name end Address of Facility State Anatomy Board-655 W. Baltimore Street Baltimore, Maryland 21201-1

23s. Part: Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Baltimore, Maryland 21201-1559 Approximete intarval Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) GUNSHOT WOUND TO HEAD **BLUNT INJURIES OF HEAD** Examiner Due to (or as a consequence of): Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that inhibated events resulting in death) Last pur Due to (or as a consequence of) The law requires that the death certificate be exec the burial Box 68760, Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. signed by d be detact 1 Tes 2 No 3 Probably 4 Unknown Completed by 24b. Wers autopsy findings available prior to completion of cause of death? 24a, Was an autopsy performed? 異 page 2 10%Yes 2□No 1DEYes 2□ No certificate Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) BARROL Certification: To 1 Yes 2 No # 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28d Dascribe how injury occurred SUBJECT WAS SHOT Work? UNK NOWN After 5 Pending 1 Natural 1 Yes 2 No SUBJECT STRUCK ON HEAD death. 2 Accident investigation FOUND 3/23/96 UNKNOWN after death Director: / Suicide 6 ☐ Could not be 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) Wed in by XX Homicide To the Hospital or within 24 hours at To the Funeral D completely filled UNKNOWN UNKNOWN 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. Medical 29a. Certifier 29b. Signeture and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) Nonald & Wright MD OCME MARCH 24, 1996 30. Nama and addrass of person who complated causa of daeth (Itam 23a) (Type, Print) G WRIGHT MD 111 Penn Street, Baltimore, Maryland 21201 DONALD 31. Data filed (Month, Day, Year) Julia Davidson-Manage State 22 1996

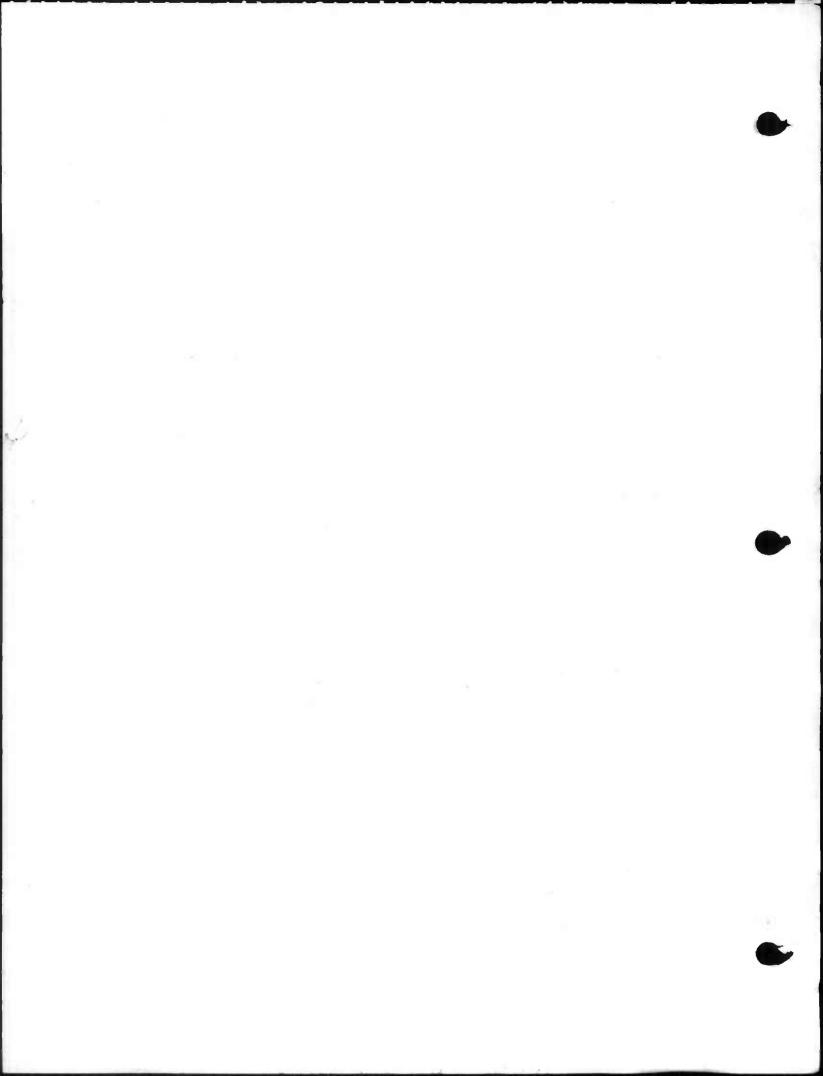
Registrar

Market Committee

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ter death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Heatth and Memai Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEPAI Certif					MENTA	AL HYGIENI REG. NO.	E			
1. DECEDENT'S NAME (Firs	. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN													
CARRIE		LLBOTT							JU	Ľy j		1996	6:15	P M
4. SOCIAL SECURITY NUM		5. SEX	-	yrs. last birthday)	IF UNDER	t YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mon	th. Day, Year)	, (Country	LACE (Stete or	Foreign
9a. FACILITY NAME (# not i		~	10	O YRS.						14,189			Virgi	nia
			Hama				R LOCATIO	ON OF DE	ATN		9c. COUNT			
Frostburg V	CEDENT	Nursing	Home		17.0	stbu	rg_			_	ALL	egar	ıy	
10a. STATE	10b. COUNTY			10c. CI	ry, town o	R LOCAT	ION						10d. INSIDE CI	TY
Maryland		Legany			From	stbu	rg						1 YES 2	ON D
One Kaylor		2					21P CODE 21532					S.A.	HAT COUNTRY	?
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U	J.S. ARMED	13. 1	WAS DECI	ENDENT OF	F HISPAN	HC ORIGI	N? (Specify Yea	or No- 1	4. RACE	- American In	idlen,
1 Never Married 2 3 Widowed 4 Div		FORCES? 1 IF YES, GIVE W					city Cuban 2 💢 NO			Rican, etc.)		Specifi Specifi	White, etc.	
15. DEI	CEDENT'S EDUC	ATION	-1	6a. DECEDENT'S	USUAL OC	CUPATIO	N		16	b. KIND OF BUS	INESS/INDU	STRY	*	
Elementery/Secondary (College (1-4 or 5		(Give kind of life. Do NOT u		ouring mos	a or working	g						
8		0		Stock C	lerk				G.	.C. Mur	phy C	ompo	iny	
17. FATHER'S NAME (First, A		4.4					18. MOTN	IER'S NAI		Middle, Maiden	Sumame)			
"unknown"		.1								nown				
190. INFORMANT'S NAME (William Har	,,	hew		95 Or	adoness mand	Street er	eet-t	or Rumi F F九OS	tbw	nber City or Town	, State, Zip C yland	2 1	532	
20a. METHOD OF DISPOSIT 1	on 3 🗆 Remo	val from State		LACE AND DATE ery, cremetory or o		ITION (Nat	ne of		DA	TE 20c. LOC	ATION — CI	ty or Tov	vn, Stata	
21. SIGNATURE OF FUNERA		NSEE			22.1	NAME AN	D ADDRES	S OF FAC	CILITY					
Coned		By Van	Sant		S	tate	Ana	tomy	Boo	vrd-655 ind 21			more s	street
23. PART I. Enter the c	liseases, or co	omplications the	t caused t	ha daath. Do									Approxi	mata
IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS	tions, solitate ling	DUE TO	FE AS A CO	ONSEQUENCE O	N:	HI EI	EAR ON VO:	51	JA.	ALLU	IRE			Batween and Desth ONTH EAS
PART II. Other signification of the Control of the	EBRA	71	IN HE	TAR	C()	derlying ON DISC	FAS	ivan in i		24s. WAS AN A PERFORM	MED?		WERE AUTOPSY AVAILABLE PRIO COMPLETION OF OF DEATH?	F CAUSE
25. WAS CASE REFERRED 1	O MEDICAL			PLACE OF DEA								1		
1 YES 2 NO		HOSPITAL:	ER/Outpati	ent 3 🗆 DOA	OTHER		5 🗆 Res	sidence	8 🗆 Oth	er (Specify)				
27. MANNER OF DEATN		28a. DATE OF (Month, D		28b. TIN	_	28c. INJU WOF	JRY AT			SCRIBE NOW IN	JURY OCCU	RED		
Natural 5 Accident	Pending Investigation				М		ES 2 🗌	NO						
3 Sulalda	Could not be determined	28e. PLACE O building,	F INJURY — etc. (Specify)	Al home, ferm,	atreet, facto	ory, office			28f. LOG City	CATION (Street ar or Town, Stelle)	nd Number or	Rural Ro	oute Number,	
29a. CERTIFIER	TIEVING PHYSIC	AN To the best of							-			_		
		IAN: To the best of : On the bests of											and manner as	stated.
296/SIGNATURE AND TITLE		- (1	300										
Chang,	Klyr	in	1/2	BD	1		29c, LICE	24	19	51	▶ JC	14	Month, Day, You	96
30. NAME AND ADDRESS O	F PERSON WHO	OF I	D_	N (ITEM 27) (Type	Print)	TE	RPA	1CE		FIRMS	TBU	RG	mdi	(K2)
31. DATE FILED (Month, Day,		a Paraser	P. S. S. S.									-		



State of Maryland / Department of Health and Mental Hygiene 96 21

Physician	_	. Decedent's Neme (First, Middle, La	st)		301		of Dea		2. Data of De Month	Reg. No. ath Day	Yaar	3. Tima of Death
Physician /Medical		Helen	Louise		WEA	VER			July	18,		4:33a.m
Examiner	4	e. Fecility Neme (If not Institution, giv Franklin Square						y, Town, or I svill e	Location of Deeth	4c. County	of Death	
						W I I - d - a				Balt;	imore	
Funeral Director	2		ex 7. A □ M 2¥F	73	last birthday) Yrs.	if Undar 1 Months		ndar 24 Hrs. ours Min.		, 1922	9. Birthpied Country West Vi	a (State or Fore
3	-	Jsuel Residence of Decedent 0a. Stete 10b. County		10c. Cit	y, Town or Lo	cation					104	Inside City Lim
or 28a-f show a notified at Director	١.	Maryland Baltimo	re		Esse						100	1 □ Yas 2CK
r items 23s or 28s-fs	1	0e. Street and Number Brett Court Ap	t. 111			10f. Zip 0	ode 1221			10g. Citizen of V	Whet Country	?
by by		Marital Status Never Merried 2 Married Married 2 Married Married 4 Divorced	12. Was Daceder Armed Forcas 1 ☐ Yes 2 ☐ If Yas, Give Yeer or Detes	No		Vas Daceda f Yes, specif I □ Yes 2f		ic Origin? (S exican, Puart ecify:	pecify Yes or No o Rican, etc.)		a - Amarican ck, White, etc	
or the Medical r, the Medical		15. Decedent's Ec (Specify only highast gra Elementery/Secondary (0-12)	lucation da completed) College (1-40	r 5+)				most of wor	rking	16b. Kind of Bi		
Co in the		7. Fether's Neme (First, Middle, Last)			Se	amstre		Jother's Ner	me (First, Middie,	Garmen		n
Tand menter trygiene. Te marked other than " traumatic event, tre Mer To Be Comple	i	James Hinkle							Hinkle	melueri Surrian	ia)	
SCT		19e. Informent's Name/Reletionship (ıral Route Numbe			
m 27	-		(Niece)	1				h Rd.	Middle			
Department of nearth an Important: if item 27 ls r any injury or other trsusones.	2	0a. Method of Disposition 1 XBuriel 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		e C	leca of Dispo- emetery, cren mansvi	netory or oth	er plece)	v 7/2		Lahmans West Vi		
mporta mporta any inju	1	21. Signature o Funeral Service Licer	500	len					al Home		-9	
3280	1	June X	my c	7		1407	old Ea	stern	Avenue	Essex,	Md. 2	1221
ysician ledical	1,	23e. Pert1. Enter tha disease, or com shock, or heart feilure. List only mmediate Ceuse (Finel diseasa or condition	one ceuse on each	ina.	t. Do not and	ar tha moda	or dying, suc	m as cardiac	c or raspiratory a	rest,	In	pproximate tervel Between nset and Deeth
aminer	ľ	esulting in deeth)	e V an	Due to (o	r es e conseq	uence of):	~					y.
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physician and s the burial-transit the burial-transit	S	Sequentially list conditions, if any, leeding to immediate ause. Enter Underlying Cause (Disease or injury that Initiated events	(A)	Due to (o	es e conseq	uence of):						ur.
		Cause. Enter Underlying Ceuse (Diseese or injury het initiated events	c. Duhl	rete.	as a consequ	Ut						yr.
00	ľ	esulting in daeth) Lest	d	Due to (or	as a gonsequ	uance or,						
attendin I for use clan/N	_	and II Cab and a little and a site of					2-14 2-10					
		art ii. Other significant conditione c	ontributing to death	but not resu	illing in the ur	ndariying cat	ise given in l	Part I.		tobacco use co Yes 2□ No	3 Probat	4.1
should should	-								24e. Wes	en autopsy med?	aveila	autopsy finding able prior to detion of cause
te has sega 2									101	as 20 No		es 2□ No
is certificate he director, pega To Be Com		5. Wes case referred to medical examiner?					26.	Place of Dee	eth (Check only o	ne)		
this ceral direction		1 ☐ Yes 2 1No	Hospital:	tient 2 🗆	ER/Outpatien			☐ Nursing H	lome 5 Resid	dence 6 Oth	er (Specify)	
		7. Manner of Deeth 1. Neturel 5 □ Pending	28a. Date of In (Month, D	jury Jey Year)	28b. Time of Injury		o. Injury at Work?		28d. Describe h	now injury occur	red	
ctor:		2 Accident investigation 3 Suicide 6 Could not be determined	28e. Piece of I	njury - At ho	me, ferm, stre	M eet, factory,	1 Tes	2 □ No	28f. Location (S City or Tov	Street end Numb m, Steta)	er or Rurel R	oute Number,
Completaly filled in by Medical Certifi	2	9a. Certifier 1 ☐ Certifying Ph (Check only one) 2 ☐ Medical Exam	ysician: To the bes liner: On the basis and manners	of examinet	vledge, deeth ion end/or inv	occurred at estigetion, in	the time, de	te end piece , deeth occu	, end due to the	ceuse(s) end ma dete and place,	inner as stete and due to th	ed. e cause(s)
Me Me		9b. Signature and title of certifier	. /			29c.	Licensa num	ber		29d. Dete signe	d (Month, De	y, Year)
1		17.1W	yche	h		D	416	40		7/19	196	
NO. CONT.	3	O. Name and address of person who	completed caline of	death (item	23p) (Type, I	Print)				1		
5)	7	1 1 1 1 1 1 1			K I	_ Z	1 11	1 1/1	A)			

To the latter of the same of the same of

State of Maryland / Department of Health and Mental Hygiene 21505 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** 17 Dey 1:20 am Winkler Doris July 1996 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Rosedale Baltimore 6802 Golden Ring Road If Under 24 Hrs.
Hours Min.

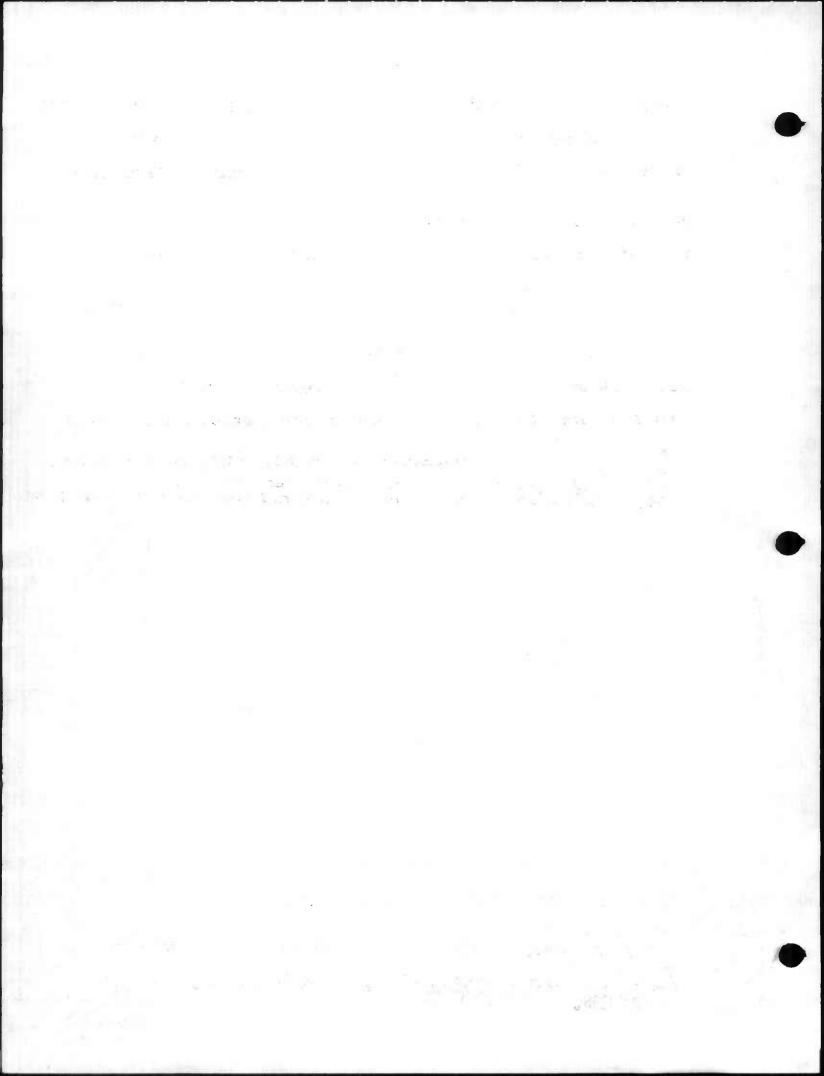
8. Dete of Birth (Month, Dey, Year)
April 11,1937

Virginia 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthdey) Birthpiace (State or Foreign Country) **Funeral** 1□M 2 F 212 34 3029 Yrs. Director 59 Usuet Residence of Decedent with the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f shov 1 Yes 2 No Funeral Director Maryland n/a Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? an "netural", or items 23a or Moores Examiner must be 115 North Highland Ave. 21224 USA death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 XNo If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. Peges 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene.
int: If item 27 is marked other than "natural", or ite 1 ☐ Never Married 2 ☐ Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: 3 □Widowed 4 □ Divorced White Completed 16e. Decadent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Il Hygiene. Cotlege (1-4or 5+) Elementery/Secondary (0-12) other traumatic event, the 12 Sales Cemetery 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be Flanary Earl 2 Rachel Smith 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Betty S. Redding (sister) 9 N. Cavesson Drive Smithville, New Jersey 08201 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete permit. Peges 1 Department of H Important: If ite any injury or ot once. 1 SpBurial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Meadowridge Cemetery July 19,1996 Howard County, Md. are of Funeral Service Licensee 21. Sig Bruzdziński Funeral Home P.A. 1407 Old Eastern Avenue Essex, Maryland 21221 Inter the disease, or complications that aused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, or heart failure. List only one cause on each line. Approximete Intervei Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final ances years disease or condition resulting in deeth) Examiner Due to (or es e consequenca of): Examiner The law requires that the death certificete be executed Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events the buriel-trar Due to (or es e consequenca of): Division of Vital Records, P.O. Box 68760, ed by the attending physician deteched for use as the burie Physician/Medical thet initieted events resulting in deeth) Lest Due to (or es e consequence of) Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown ģ 8 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? certificate has 1 Yes 2 No or Attending Physician: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Statesidenca 6 Other (Specify) 2 1 Yes 2KNio 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury ef Work? 28d. Describe how injury occurred 1 Naturel 5 Pending investigation deeth. 1 ☐ Yes 2 ☐ No 2 Accident after deeth Director: 6 Could not be determined 3 ☐ Suicide 28e. Pieca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) led in by 4 Homicide 24 hours a Funeral D 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner steted. 29a. Certifie Medical (Check only one) within a å 29b. Signeture end title of certifier 29c. License number 2 29d. Date signed (Month, Dey, Year) 07/17/1996 eted cause of death (Item 23e) (Type, Print) Julie Saires Propos

DHMH 16 Rev 6/95

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. item #1, filmg 738, 8/23/96, cyw, per doctor #23a, part 1,11 1. Decedent's Name (First, Middle, Last) SAMANTHA DOROTHY WASHINGTON aka DORTHEA 2. Date of Death 3. Time of Death WASHINGTON Month Year **Physician** AMAnth A D. Washington 18:00 pm 96 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner 4c. County of Death BALTIMORE CITY n/a **ECHODALE** 2904 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth Month, Day, Yea MAY 11, 5. Social Security Number 6. Sex **Funeral** 9. Birthplace (State or Foreign 1° 1928 MARYLAND 217-22-5557 1 M 2 XFX Months Deys Hours Min 68 Yrs. Director Usual Residence of Decedent deeth with the Maryland 10a State 10b. County ir than "natural", or items 23a or 28a-f ahow the Medical Examiner must be notined at 10c. City, Town or Location 10d. Inside City Limits BALTIMORE MD n/a Director XIX Yes 2 No 10f. Zip Code 21214 10e. Street and Number 10g. Citizen of What Couptry?
UNITED STATES **AVENUE** 2904 **ECHODALE** Funerai 12. Was Decedent Ever In U,S. Armed Forces?

1 Yes X No If Yes, Give 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian. permit. Pages 1 and 2 should be filed within 72 hours efter a Department of Health and Mental Hygiene. Important: If them 27 Is marked other than "natural", or flen any injury or other traumatic event, the Medical Event Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: þ Specify: BLACK 3XXWidowed 4 □ Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) DOMESTIC in own home 8 th 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Be LOUISA PRETTYMAN HOWARD DANIEL 2 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2904 ECHODALE AVENUE, BALTIMORE, MD 21214 WASHINGTON BRENDA 20b. Plece of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 7-23 ARBUTUS MEMORIAL PARK ARBUTUS. MARYLAND 21. Signature of Funeral Service Licansee 22. Name and Address of Facility WM.C. MARCHF H.-1101 E. NORTH AVENUE 23a. Part 1. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heaft failure. List only one cause on each find Approximate Interval Between Onset and Deeth 2-3 days **Physician** Immediate Cause (Finel diseese or condition resulting in death) /Medical Examiner HYPERTENSION Physician/Medical Examiner roscleros, CHIS The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last for use as the buriel-tran Division of Vital Records, P.O. Box 68760, Due to (or es e consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causa of death? signed by 1 Yes 2□ No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was en autopsy 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Certification: To 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 100 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Ather or Ab.

Ours after dea.

If Director: Ab.

or by the fu-1. Naturai 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 D Homicide To the Hospital

To the Funeral D

completely filled Medicai 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and pleca, end due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of pertifler 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar

31. Date filed (Month, Day, Year) / JUL 2 2 1996

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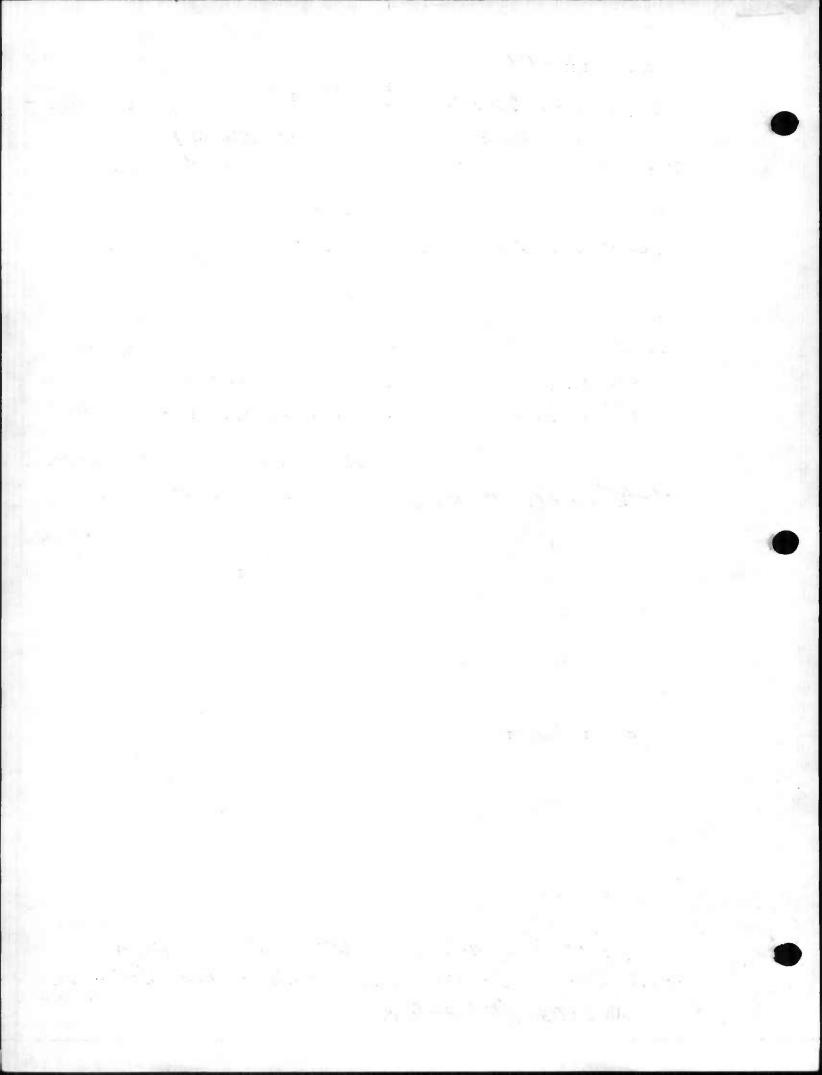
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32. Registrar's Signature

30. Name and eddress of person who completed pause of deeth (Item 23a) (Type, Print)

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N. Charles Street Balto. me

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Ceath B. TERRY-Williams 2:15 A.M. July 18 1996 Cave Balfmore
birthdey) If Under 1 Year If Under 24 Hrs. 8. Data of Birth
Months Deys Hours Min. FEB. 22, 1925 4a. Fecility Neme (If not institution, giva straat and number 4b. City, Town, or Location of Death 4c. County of Deeth Charles Health 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthdey) 9. Birthplece (Steta or Foraign CONNETICUT 261-56-0581 1 M 2 F 71 Usual Residence of Decedent 10e. Stata 10b. County 10c. City, Town or Location Od. Inside City Limits BALTIMORE 1 Yes 2 No n/a 10e Street and Number 10f. Zip Coda 10g. Citizen of What Country?
UNITED STATES 1411 HOMESTEAD STREET 21218 11. Marital Status 12. Was Decedent Evar In U,S. Armad Forcas? 1 ☐ Yes 2 ☐ XX If Yes, Give Was Dacadant of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Maxicen, Puerto Rican, atc.) Race - Amarlcen Indien, Bleck, White, etc. 1 Never Married Married BI ACK 1 ☐ Yes 2 X No Specify: 3 ☐ Widowed 4 ☐ Divorced Yeer or Datas: Decedent's Usual Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) DOMESTIC rd private home 17. Father's Neme (First, Middla, Last) 18. Mother's Nema (First, Middle, Maiden Sumame) TERRY MAZIE MC CLARY SAM 19a. informant's Neme/Relationship (Type, Print) 19b. Malling Address (Streat and Number or Rural Route Number, City or Town, State, Zip Code)
1411 HOMESTEAD STREET, BALTIMORE, MD 21218 CLARENCE WILLIAMS 20b. Piece of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 □XB(riai 2 □ Cramation 3 □ Removei from Stata 4 ☐ Donetion 5 ☐ Other (Specify) GARRISONFOREST VA C EM. 7-23 OWINGS MILLS.MD 21. Signeture of Funeral Service Ligensae 22, Name and Address of Fecility 21202 (-ast F. H. 23e. Pert 1. Ehter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. North Balto, Mel Approximete interval Between Onset end Deeth THROMBOSIS CEREBRAC Immediate Cause (Final disaase or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate ceusa. Enter Underlying Ceuse (Disaase or injury thet initieted events rasulting in death) Lest Dua to (or as a consequence of): Due to (or es e consaquance of): 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Monknown 24b. Were autopsy findings available prior to completion of ceusa of deeth? 24e. Wes an eutopsy 1 ☐ Yes 12 No 1 ☐ Yes a☐ No 26. Plece of Death (Check only one) Hospitel: Other: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work?

Physician /Medical **Examiner** buriel-trensit Records, P.O. Box 68760, ettending physician The law requires that the death certificate be the 98 3

page 2

Physician

/Medical

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r than "natural", or itams 23a or 28a-f show the Medical Examiner must be notified at

with the Maryland

Baltimore, Maryland 21215-0020

permit. Pages 1 and 2 should be filed within Department of Health end Mental Hygiene important: if Item 27 is marked other than "r, any Injury or other traumatic anawas

Physician/Medical þ Completed Be P Medical Certification:

signed t this certificate the Hospital or Attending Physician: nin 24 hours efter death. the Funeral Director: After this certifica apletely filled in by the funeral director,

Registrar

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Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. Wes case referred to medical 1□ Yes 2□ No 27. Marrier of Deeth 5 Pending investigation Naturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28a. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Certifying Phyalcian: To the best of my knowledga, daath occurred et tha time, date end place, and due to the ceusa(s) and menner es steted. 29a. Certifiar (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signature and titla of certifiar 29c. Licansa number

29d. Data signed (Month, Day, Year)

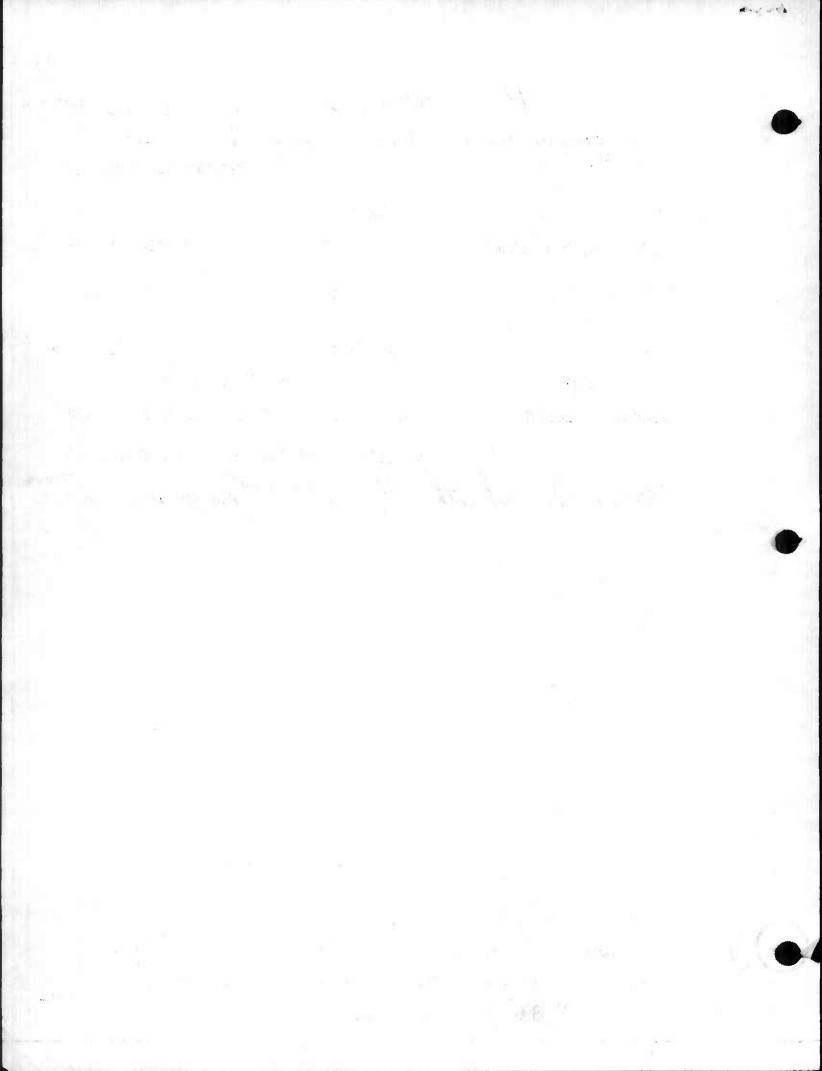
aleham ween 30, Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

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State

32. Registrar's Signature



96-4039-510

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene O.C.

/ Department of Health and Mental Hygien	е	9	6	2	1		n	5
Certificate of Death		10	0	Sec.	ı	V	U	Ų

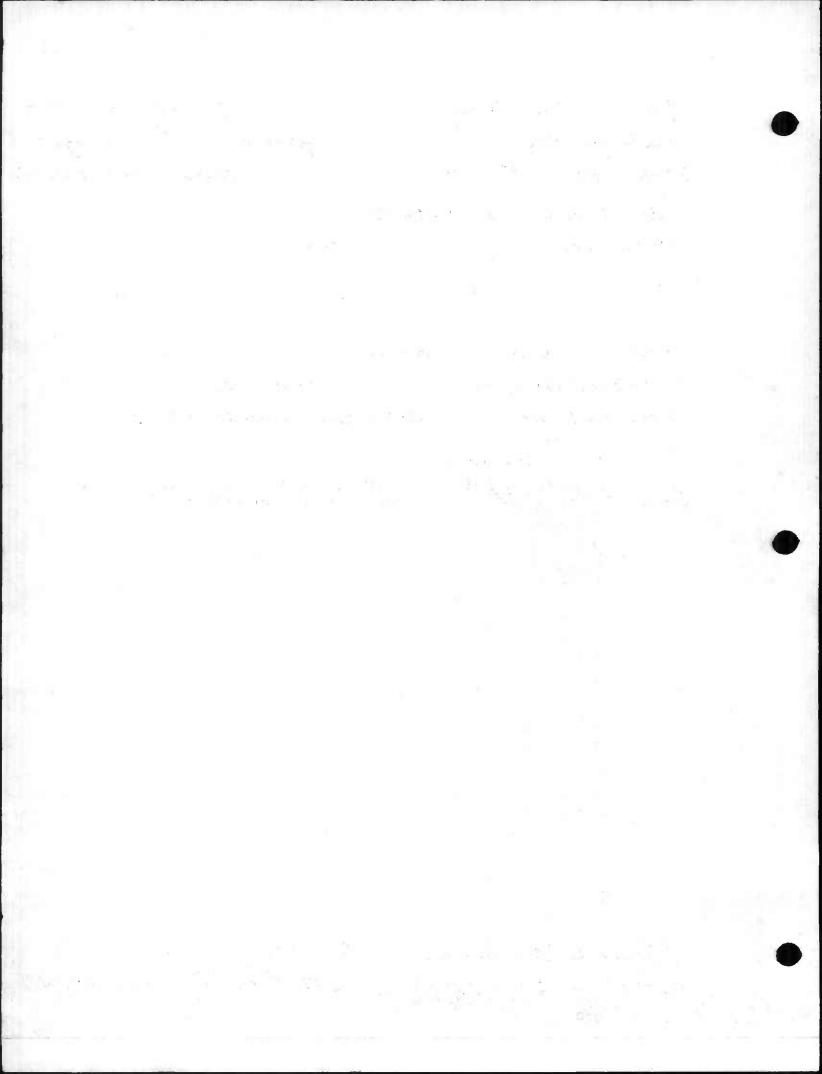
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gaitimore,	8 9 # 5		20c. Location - Ci Burial 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) Date Date Date Commencer, Crematory or other plece) Metro Crematory, Inc. 07/20/96 Baltim												
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-	in 24 ou for Fundamental	Medical	29a. Certifiar (Check only one) 1 ☐ Certifying P 2 ☐ Medical Exa	hysician: To the best of miner: On the basis of and manner sta	examination a	ge, death occur and/or investiga	red at the tin tion, in my o	na, data and place, plnion, death occur	and due to the red at the time,	cause(s) end ma date and placa,	annar as stated. and due to the cause(s)				
3		29b. Signature and title of certifier 29c. License number					e number		29d. Date signe	d (Month, Day, Year)					
3	To To			Mayte methode O.C.M.E.					JULY 20,1996						
	S T WIT		▶ Mayite	methe			0.0	.M.E.		JULY 2	0,1996				
(30, Name and addrass of person who	A 1/-	eath (Ilam 23a				Raltin		0,1996 Maryland 21				

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 25 vonne 96 15 /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death Examiner 4c. County of Deeth Hyattsville Tyattsville Manor Jeorge's 5. Social Security Number 7. Age (In yrs. last birthday) If Undar 1 Year Under 24 Hrs. 6. Sax 9. Birthplece (State or Foreign Country) Washington, D. **Funeral** 1 M 2 DP Months Days 579-76-0446 Yrs. Director 10-20-57 Usuel Residance of Decedent death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or items 23a or 28a-f show Maryland Prince George's Hyattsville Director 1 ☐ Yas 2 No 10f. Zip Code 20783 10e. Street and Number 10g. Citizen of What Country? 6500 Riggs Road U.S..A. Funeral 11. Marital Stetus 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Ricen, atc.) 14. Rece - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after on nent of Health and Mental Hygiene. Int: If Rem 27 Is marked other than "natural", or the 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: Black þ 3 Widowed 4 Divorced Yeer or Dates: Be Completed 15. Decedent's Education (Spacify only highest grade completed) 16e. Decedent's Usuel Occupetion (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) unknown unknown unemployed n/a permit. Pages 1 end 2 should be filed Department of Health end Mental Hyg Important: If Item 27 is marked other any Injury or other traumatic evant, I 17. Fethar's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Surnama) Herbert Emanual Wagner, Sr. Nettie Sands 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Nettie Wagner/Mother 834 7th St., N.E.-Washington, D.C. 20b. Place of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donetion 5 Other (Specify) State rem 21. Signeture of Funerei Service License 22, Name end Address of Facility State Anatomy Board-655 W. Baltimore Street VanSant Baltimore, Maryland 21201-1559 Baltimore, Maryland 21201-13

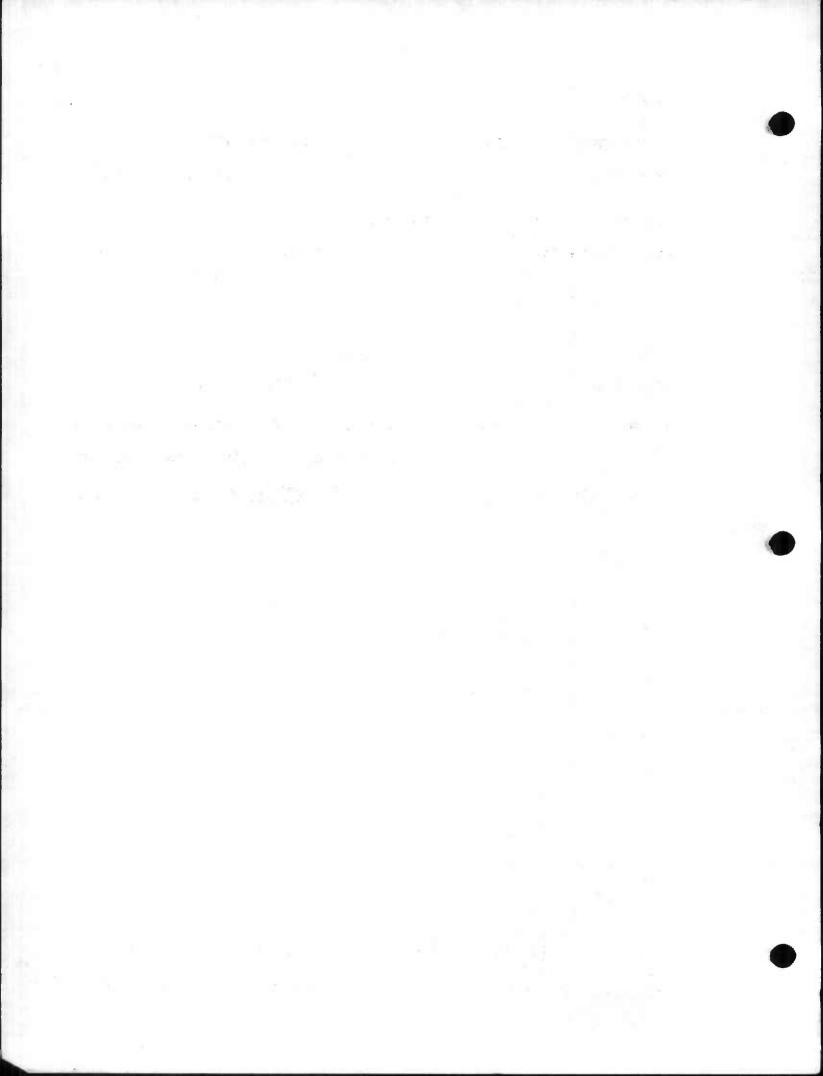
23a. Peril. Enter the disease, or complications that causad tha death. Do not enter the mode of dying, such as cerdiac or raspiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Betwaen **Physician** Onset end Death Immediete Ceuse (Finel disaese or condition resulting in deeth) /Medical Examiner Physician/Medical Examiner or Attanding Physician: The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury thet initieted events rasulting in death) Last use es the burial-tran Division of Vital Records, P.O. Box 68760, physiclen Dua to (or FAILURE attending for use es Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by 1 - Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveilebla prior to completion of cause of deeth? Completed 24a. Wes an eutopsy performed? certificate has 1 ☐ Yes 2 ☐ No 1 ☐ Yas 2 ☐ No 25. Was case refarred to medicel axaminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No ို 1 inpatiant 2 ER/Outpatient 3 DOA this 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Neturel 2 Accident 5 Pending Investigation deeth. To the Hospital or Attandi within 24 hours after deeth. To the Funeral Director: A 1 Yes 6 Could not be determined 3 Suicide 3 28a. Place of Injury - At home, farm, street, fectory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 29a. Certifier Tartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) end mennar steted. Medical (Check only 29b. Signature end titla of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) (Item 23s) (Type, Print) 31. Da filed (Month, Dey, Yeer) State 22 Registrar



		State	of Maryland / Depa	artment of Health a rtificate of Death		iene 96 2	21510
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	niner	4a. Facility Nama (If not Institution, give street and a GOOD SAMARITAN HOSPI 5. Social Security Number 6. Sax		BALTI If Under 1 Year if Under	wn, or Location of Death MORE CITY	4c. County of Death	N/A plece (State or Foreign
Directo		218-15-6810 1□ M 2▼F Usuel Rasidance of Decedant	20 Yrs.		11/29/	/75 CH]	INA
he Marylar 8a-f ahow certed at	ector	10a. Stata 10b. County MARYLAND BALTIMORE	10c. City, Town or Lo	ILLE			0d. Inside City Limits
oth with t	Funeral Director	10e. Street and Number 8430 GREENWAY ROAD #D		10f. Zip Code 21234		0g. Citizen of What Cour	
Yithin 72 hours after deeth with the Maryland Within 72 hours after deeth with the Maryland Illene. Illene. "natural", or frams 23a or 28a-f ahow the Medical Examiner issual be notified at	by	Armed	s 2 X No Give	Was Decedant of Hispanic Ori If Yes, specify Cuban, Maxicar 1 ☐ Yas 2 ☒ No Specify:		14. Race - Americ Black, Whita, Specify: ASI	atc.
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Tot	M	29b. Signeture end title of certifier	lano	Po 93		9d. Dete signed (Month,	Day, Year)
4		30. Name and address of person who completed ca	use of death (Item 23a) (Type,	Print) D. Good	1 Semen	itan He	ospital.
S Regis	tate strar	31. Data filed (Month, Dey, Year) 32.	Registrer's Signatura				

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State of Maryland / Department of Health and Mental Hygiene

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	Physic /Medi		1. Decedent's Nem	a (First, Mido W				1	WAL'	ΓER		2. Data of D Month JULY	Day	Yaar	3. Time 3:25	of Death	
	Exami				n, give street end n							E CITY	th 4c. Count	y of Daath City			
	Funeral Director		5. Social Security N	-2773	6. Sex. 1 ☑ M 2 ☐ F	7. Aga (In yrs. 43		If Undar Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Deta of B	irth Pay Year) 753	9. Birthpi Count Ma r	ylaı	o <i>r Foreign</i> 1d	
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	Physician /Medical Examiner	her	23a. Part1. Enter tha disease, or complications that caused the death. Do not antar the mode of dying, such es cardiec or raspiretory arrest, shock, or heart failure. List only one causa on each line. Immedieta Causa (Final disease or condition resulting in death) a									Sbh	d Death				
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	/// Sta Registr		30. Nama and address 31. Data filed (Mont	Clark	Morsin 132.1	sa of death (Kerr Registrer's Signa Davidson	tura		tles	okins	Hosp,	that 6	Ball N. W.	the St.	, MD	21287	
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State of Maryland / Department of Health and Mental Hygiene 96

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						Cert	ificate of	Death		Reg. No.	0 4	1012		
	Dhysici		1. Decedant's Nama (First, Middia, L	ast)					2. Data of Da Month	ath	Yaar	3. Tima of Death		
	Physici /Medic		Robert GRANVI	LLE WRA	AY				July 1	8,1996	- dui	3:30 PM		
	Examir		4e. Facility Nama (If not institution, gr	va street and number)				4b. City, Town, or Lo		h 4c. County	of Death			
			Franklin Square				Williams & Vaca	Rossvil		Balti				
	Funeral Director		,	1 DM 2 DF	e (In yrs. las 82		If Undar 1 Year Months Days		8. Dete of Bir (Month, De 8-19-	th ny, <i>Year)</i> 1913	Country	ca (State or Foraign y) yland		
	yend wo		10a. Stata 10b. County		10c. City, T	own or Loca	ation				10d	I. inside City Limits		
	Man	tor	Maryland Balti	more	Balt	imore						1□ Yas 2□ No		
	th the	Director	10e. Street end Number				10f. Zip Code			10g. Citizan of	What Country	13		
	ith wi		8802 Walther	Blvd., Apt	2217		21234			U.	S. A.			
Maryland 21215-0020	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mantal Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be nothed at once.	by Funeral	11. Marital Status 1 □ Nevar Married 2 ☑ Merried 3 □ Widowed 4 □ Divorcad	12. Was Decedent Armed Forcas? 1 ☑ Yas 2 ☐ ! If Yes, Give Yaar or Datas:			as Dacedant of Yas, specify Cub ☐ Yas 2 X No	Hispanic Origin? (Sp ban, Mexican, Puerto Specify:	acify Yes or No Rican, etc.)	Specif	ck, Whita, ato y: Whita			
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and	ntal hed of	Be c	William P. Wra					Edith	Dash		110)			
7	hould Mark	To	19a. Informant's Name/Ralationship	Address /Stree	and Numbar or Rur			State Zin C	Conta l					
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	f Hear term other		20a. Mathod of Disposition	y (W110)	20b. Plac	e of Disposi	sposition (Nama of Dete 20c Location - City or Town							
mo	Pege ent o nt: If I					C.C. LEGIC	2010		2-96	Baltimo	ore. Ma	arvland		
Baltimore,	mit. partm portal		21. Signature of Funaral Sarvica Lice	a. Mathod of Disposition 1										
m	Depa Impo any Ir		Wallace.	S. Broo	Ss. 21						2.4			
	Physician		Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 21204 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, in the cause of the cause on each line.											
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	To the Hospital or Attanding Physician: The law within 24 hours effer death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	edical	29a. Certifier (Check only one) 1 Certifying P 2 Medical Exa	hysician: To the best of miner: On the basis of and manner sta	of my knowla f axamination atad.	dge, death o end/or inva	occurred at the ti stigation, in my	ime, dete end plece, opinion, daath occur	end due to the red at tha tima,	cause(s) end m data and placa,	enner es stat and dua to th	ed. na causa(s)		
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ATTE	J.J.W		30. Name and address of parson who							/				
	IVK		Dr. Frank Chatha	m 9000 Fra			e Dr. Ba	altimore,	Maryla	nd 21237				

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene

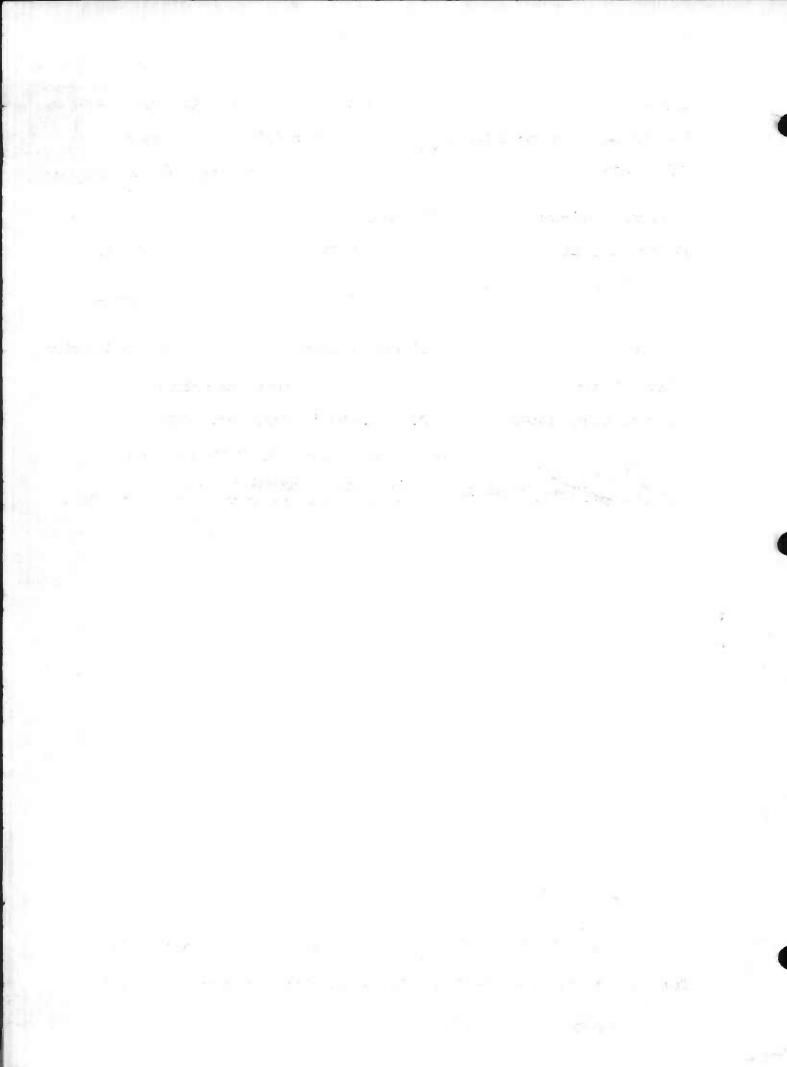
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	Funeral Director
laltimore, Maryland 21215-0020	imit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland pearlment of Health and Mental Hygiene. portant: if Item 27 is marked other than "naturat", or Items 23s or 28s-f ahow yi Injury or other traumatic event, fin Medical Exarticer must be notified at

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Death **Physician** 22 Day 1996 Pear July Ralph YOUNG 4:07 am /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death ner Franklin Square Hospital Center Rossville Baltimore 5. Social Security Number 7. Age (In yrs. last birthdey) If Undar 1 Yeer If Undar 24 Hrs. 6. Sax 9. Birthplece (Stata or Foraign Days Hours 1**2** M 2□ F 236-24-9616 72 Yrs. Aug. 15, 1923 West Virginia Usual Rasidance of Decedan 10a. Stete 10b. County 10c. City, Town or Location 10d, Inside City Limits Maryland Baltimore Essex 1 Yes 2 No Directo 10f. Zip Coda 10e. Street end Numbe 10g. Citizen of Whet Counfry? 831 Martin Road 21221 U.S.A. 12. Wes Dacedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No 11. Maritel Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indien, Black, White, atc. 1 Never Married X Marriad If Yas, Give Yeer or Datas: 1 ☐ Yas 2 No Specify: P Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Specify only highest grada complated) (Giva kind of work dona during most of working lifa. DO NOT use retired) Elemantary/Secondary (0-12) Collega (1-4or 5+) Fork Lift Operator Plastics Industry 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maldan Surnama) Be James Young Anna Mae McCombs P 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mabel L. Young (WIFE) 831 Martin Road Essex, Md. 21221 20a. Mathod of Disposition 20b. Pleca of Disposition (Nama of 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata Gardens Of Faith Cemetery 7/24/1996 Baltimore Co. , Md. 4 Doneflop 5 Othar (Specify) Nama and Address of Facility Funeral Home P.A. 88 E 8 8 1407 Old Eastern Avenue Enter the disease, of complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ck, or heart failure. List only obe cause on each line. Onsat and Death **Physician** /Medical nmediata Causa (Final Myocardial Infarction 5 hours disaase or condition rasulting in death) Examiner Dua to (or as a consequence of) Cardiogenic Shock requires that the deeth certificate be executed the buriel-transi Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events pue Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. ettending physician for use es the burie Physician/Medicai Due to (or as e consequança of) rasulting In death) Last signed by the e Part II. Other significant conditions contributing to death but not resulting in the undarlying cause givan in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2KING 3 Probably 4 Unknown Ď been sig 24b. Wara autopsy findings aveilable prior fo complation of causa of death? Completed 24a. Was an autopsy performed? aw has page 2 certificate 1 ☐ Yas X No 1 ☐ Yas 2 ☐ No director. 25. Was casa rafarred to medical axaminar? Be 26. Placa of Daath (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 2 2 ER/Outpatient 3 DOA this 28a. Data of Injury (Month, Day Year) funeral 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred Affert Certification: Attending Natural 5 Panding invastigation To the Hospital or Attending within 24 hours after deeth. To the Funeral Director: After 1 Yas 2 No 2 Accident the 6 Could not be determined 3 Suicida à 28a. Placa of Injury - At home, ferm, streat, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 4 Homicide Tecrifying Phyelcian: To the bast of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifier (Check only 29b. Signature end fitla of certifier 29c. Licensa number 29d. Data signed (Month, Day, Year) RD 01917 July, 22 1996 an Relident 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) 9000 Franklin Square Drive Baltimore, MD Savitha Shivananda M.D. 31. Data filed (Month, Day, Year) 32. Registrar's Signatura Registrar





Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 9.5. 2.1.5.1.1

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	Examir	ner	4e. Facility Nema (If not institution, giv					4b. City, Town, or L	ocation of Deeth				
	-	-	29 W. WASHINGTON 5. Sociel Security Number 6. S		APT. 30 Age (In yrs. les		If Under 1 Yaer	ANNAPOLIS If Under 24 Hrs.	9 Date of Birt	ANNE A			
	Funeral Director			□ M 2 Q F	73	Yrs.	Months Days	Hours Min.	8. Data of Birth (Month, Da) DEC • 23	1922	MARY	ace (Stete or Foreign try) LAND	
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ş	2 hou	Ped	15. Dacedent's Ed	ducation	-	16a. Deced	dent's Usuel Occu	petion		16b. Kind of Bu	siness/ind	lustry	
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Jan	fental fental feed fic ev	To Be	DANIEL SMITH					ELEAN	OR SELL	MAN			
and	shoot and A		19a. Informant's Neme/Ralationship (Type, Print)		19b. Mailir	ng Addrass (Street	and Number or Rui	ral Routa Numbe	r, City or Town,	Stata, Zip	Code)	
Σ,	and 2 palith n 27 l		DAVID ALEXANDER (S	ON)		31 LA	WRENCE A	VENUE ANN	APOLIS,	MD. 214	103		
Baltimore, Maryland 21215-0020	Pages 1 nent of He int: If Iten		20a. Method of Disposition 12□KBurial 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Specify		cem	atary, crer	sition (Nema of matory or other pla MEM. GA	ca) RDENS 7/	Data 20c. Location - City or Town, Stete /3/96 ANNAPOLIS, MD.				
Balt	permit. Pages 1 and 2 should be filed within 7. Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than "nn any Injury or other traumants event, the Meni 2006.		21. Signatura of Funaral Service Licer	See Lee	10		Nama and Address REESE	& SONS MO	RTUARY,				
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	Physician		SHOCK, OF HEART FAILURE. LIST OTHY	ona cause on eech	iirie.							Intarval Batween Onset and Death	
	/Medical Examiner		fmmedieta Causa (Flnal disease or condition	LL	ING	, (CANC	ER				9 MONTHS	
	Examiner		rasulting in daath)										
	pe is	line	_	b. ————									
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		Physician/M	Part II. Other significant conditions of	ontributing to death	but not rasultir	ng in tha ui	nderlying causa gi	van in Part I.		obecco use cor (es 2□ No		the cause of death? ably 4 Unknown	
or vital Records,	e law requires thet the hes been signed by th ge 2 should be detache	Completed by P								an autopsy med?	ave	re autopsy findings sileble prior to npletion of ceuse daath?	
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129	ysician: The last certificate he director, page	Be	25. Was casa raferred to medical axaminer?					26. Placa of Deal	th (Check only o	na)			
5	Physician: this certific ral director,	2	1 ☐ Yas 200 No	Hospitel: 1 Inpa		NOutpatien	IL 3 DOM			lence 6 Oth)	
	E et e	on	27. Mannar of Death 1 Matural 5 □ Panding	28a. Date of In (Month, E	jury Jay Year) 28	Bb. Tima of Injury	Wo		28d. Dascribe h	ow injury occurr	ed		
DIVISION	or Attend ifter death Director: In by the	Certification:	2 Accidant Invastigation 3 Sulcide 8 Could not be datamined	28e. Plece of I	njury - At home etc. <i>(Specify)</i>	e, ferm, str	M 1 =	Yas 2 □ No	28f. Location (S City or Tow	Straet end Numb n, Stata)	er or Rura	l Routa Number,	
	To the Hospital or Attending Physical within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral di	edical Ce	(Check only 2 Madical Exam	liner: On the basis	of axamination	dge, deeth	occurred at tha ti	ma, data and place,	and dua to tha d	causa(s) and ma data and place, i	nner as st	ated. the cause(s)	
	thin 2 mple	Med	29b. Signatura and titla of certifiar	end menner	stated.								
	5 ¥ 5 8	_	200. Signatura and titla of definial	101.	W MD		7 1/	3 (4		TIN Y	/	199/	
			· cuu u	Colle	u mo		DIE)) T		VU-/	11	1116	
			30. Nama and address of person who ENSER W. Co	Complated causa of	daath (Itam 2:	900 (Type,	BEST	GATE K	D A	UNAP	MI	Day, Year) 1996) 21401	
	Sta Registr		31. Data filed (Month, Day, Yaer) JUL 0 8 199	32. Regis	a Davidso	n- Fan	della						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middle, Last) 2. Data of Death 3. Time of Death AMANN GLENIS Month **Physician** 1-35 AM 1996 JUNE /Medical 4e. Fedility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner thre Arunde Hospital
7. Age (In yrs. last birthday) Hrundel Olen Burnie orth If Under 1 Year | if Under 24 Hrs. 5. Social Security Number 8. Dete of Birth (Month, Dey, Year) Birthpiace (State or Foreign Country) **Funeral** Davs Months 1 □ M 2 🖺 F Hours Yrs Director 473-16-3166 90 4-24-1906 MN Usual Rasidance of Decedent permit. Pages 1 end 2 should be filed within 72 hours efter death with the Marylend Department of Heelth and Mentel Hygiene. Illimportant: If Item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, tra Medical Exeminating must be mailled. 10e. Stete 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 € No Director MD Anne Arundel Severna Park 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 731 Trenton Ct. 21146 USA Funeral 12. Was Decedent Evar In U.S. Armed Forcas? Wes Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Merital Status 14. Rece - Amarican Indian, Black, Whita, atc. 1 Yes 2 XNo
If Yes, Give
Yeer or Datas: 1 Never Merried 2 Merried Specify: White 1 Yas 2 No à 3 ☐Widowed 4 ☐ Divorced Completed 16e. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilaga (1-4or 5+) 3 Columnist Newspaper 17. Fether's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Sumame) John Francis Bradish Charlotte Martha Pickle 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Nancy Amaan AMAKN 731 Trenton Ct. Severna Park, MD 21146 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 Donetion 5 Other (Specify) Metro Crematory 6/29 Catonsville, MD 22. Nama and Addrass of Fecility Barranco & Sons Funeral Home 495 Ritchie Hwy. Severna Park, dine MD 21146 for the diseasa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrast, have failure. List only one cause on each line. Approximete Interval Between Onset end Death Physician MYOCARDIAL INFARCTION Immediata Cause (Finel diseesa or condition rasulting in daath) /Medical 1DAY Examiner Dua to (or as a consequence of): Physician/Medical Examiner PNEUMONIA DAYS The lew requires that the death certificate be executed physician end s the burial-transit Sequantially list conditions, if any, laading to Immadieta causa. Enter Underlying Cause (Diseese or Injury that initieted evants resulting In daath) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Due to (or es e consequence of) 88 esn ò signed by the a d be deteched f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributa to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Winknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 s 1 Yas 2 No certificate 1 Yes 2 No or Attending Physician: director. 25. Was casa rafarred to medical axaminar? 80 26. Placa of Daath (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yas 2 No 1 (Inpatiant 2 ER/Outpetient 3 DOA After this funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 ☐ Panding death. 1 ☐ Yas 2 ☐ No Investigation 2 Accident efter death Director: 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 4 Homicida 24 hours e Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29e. Certifiar edical To the Hosp within 24 ho To the Fune completely f (Check only one) 29b. Signatura and titla of certifiar 29c. License numbar 29d. Data signed (Month, Day, Year) MD. D 46962 28, 1996 JUNE 30. Nama and addrass of person who complated cause of deeth (Item 23a) (Type, Print) M. SHIRAZI, MD. HOUSE PHYSICIAN . NORTH ARUNDEL HOSPITAL MD 21061.

State Registrar 31. Data filed (Month, Day, Year) JUL 1 2 1996 32. Ragistrar's Signatura

State of Maryland / Department of Health and Mental Hygiene 96 21516

В.						Cei	rtificate of	Death		Reg. No.	•	
	Physic /Medi		1. Decedent's Name (First, Middle,	Last)	7	BBOTT	_		2. Dete of Month	Dey	Yeer 996	3. Time of Death
	Exami		4a. Fecility Neme (If not institution,		um <i>ber</i>)	bs PITA		4b. City, Town, Chint	or Location of De	4c. County		
	Funeral Director		5. Sociel Security Number 578-07-8023	5. Sex 1 □ M 2 □ F	7. Age (In yrs.		If Under 1 Year Months Dey	r If Under 24 F	rs. 8. Date of (Month,		9. Birthp	place (Stete or Foreign http) yland
	the Maryland	Director	Usuel Residence of Decedent 10a. State 10b. County Maryland Prince	George		ty, Town or Lo					1	Od. Ineide City Limits
	ith with the 23s or 2 ust be no		10a. Street end Number 8606 Dar	gerfield	d Rd		10f. Zlp Code 207	735		10g. Citizen of United		
020	72 hours after death with the Manyland naturel', or flems 23s or 28s-f ehow deat Examinat must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Married 2 □ Marrie 3 □ Widowed 4 □ Divorcad	Armed I	aive 2. A. PNo	1	Vas Decedent of f Yes, specify Cu 1 ☐ Yes 2\(\frac{1}{2}\)\(\frac{1}{2}\)	Hispanic Origin? ban, Mexican, Pu Specify:	(Specify Yes or erto Rican, etc.)	No- 14. Rec Bie Specif	ce - Americ ck, White,	etc.
21215-0020	d within giena. er than	Completed	15. Decedant's (Specify only highest Elementary/Secondery (0-12) 8±h	grade completed	d) (1-4or 5+)	(Give	dent's Usuel Occi kind of work don DO NOT use retir SEWife	upation e during most of t ed)	vorking	16b. Kind of B	usiness/Ind	dustry
Maryland	S a S S	To Be	17. Fethar's Neme (First, Middle, L Ben	Name (First, Middle, Maiden Sumame) Thomas								
Baltimore, Mar	od 2 Ith a 27 Is		19e. Informant's Neme/Reletionsh Alice V. Simmo 20e. Method of Disposition XX Buriel 2 Cremetion: 4 Donetton 5 Other (Sp. 21. Signeture of Funeral Service Dispositions)	NS B □Removel from poify)	n State	Dangerf sition (Name of natory or other pl ion Ceme	Clinto Dete y 8, 19 Lee Fund	n,Md 207 20c. Location 96 Clintoeral Home Linton,Md	On, M	own, Stete aryland 6633 Old		
Box 68760,	Physician pe associated by a process of the physician and attending physician and for use as the private fransit.	ian/Medical Examiner	23a. Pert1. Enter the disaese, or o shock, or heart failure. List of the shock, or heart failure. List of the shock, or heart failure. List of the shock of the s	e. C. A.	Pue to (c) Due to (c) HERC		ARR uence of): uenca of): Rofic	HUIH	MiA y Di.	y errest, SEA S/S SRA 9 E		Approximate Interval Between Onset and Death Doy Y Y Y Y Y Y Y Y Y Y Y Y Y
P.O.	requiras that the death een signed by the atter hould be datached for r	by Physician	Pert II. Other significant condition		23b. Did tobacco use contribute to th							
ecords	\$ ° C S	Completed b	DIMENTI	A					24a. W	as an autopsy enformed?	av.	ere autopsy findings alleble prior to mpletion of cause daeth?
of Vital Records,	ician: Tha cartificata h rector, page	Be	25. Wes case referred to medical axeminer? 1 □ Yes	Hospital:	Innetient 2	ER/Outneties	3 7 704	ther	Peath (Check on		1	Yes 2 No
Division of	To the Hospital or Attanding Phys within 24 hours aftar death. To the Funeral Director: Aftar this compiataly filled in by tha funeral di	Hospital: C								n (Street and Numb Town, Stete)	red	
	Ne Hospita n 24 hours Ne Funeral plataly fille	edicai C	29a. Cartifier (Check only one) Certifying 2 Medical Ex	aminer: On the I	e best of my kno basis of exemine nner stated.	wiedga, death etion and/or inv	occurred at the restigetion, in my	ima, date end pla opinion, deeth o	ce, end due to the	ne cause(s) end me a, data and place,	enner es si and due to	teted. the cause(s)
D	within To th	W	29b. Signature and its of certifier	and	End	m	D.	277	fy	29d. Date signe	d (Month,	9ay, Year)
			30. Nama and address of person w 31. Date filed (Month, Day, Year)	W1 1	usa of daath (Item D Registrer's Signs	913	Print) PISC	ATAW	AY R	P UL	M	ON MD,
	Sta Registr		JUL 0	9 1996	Julia d	ander A	ardall					

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene.

Physicia		1. Decedant's Nama (First, Middla,	Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Deta of Deeth							Venr	3. Tima of Death
/Medic Examin	al	Byron H. Anson July 4 1996									3:10pm
Funeral Director		712-09-7442		r Aga (In yrs. le		If Undar 1 Yaar Months Deys	Baltimore M Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day		9. Birthpia Countr Nebra	ce (State or Fore y) ska
aryland show		Usuel Rasidance of Decedant 10a. Stete 10b. County		10c. City,	, Town or Locat	tion				100	d. Insida City Llm
the Me	ecto	MD Cecil 10e. Street end Number		Conowingo 10f. Zlp Coda				1 ☐ Yas 2			
3a or		323 McCauley Ro	1	21918			2	'	USA	what Countr	y/
72 hours after deeth with the Merylan *natural", or items 23s or 28s-f show solical Examinat must be notified at	by Funeral Director	11. Maritel Status 1 Never Merried 2 Married 3 Pridowed 4 Divorced	12. Wes Deceda Armed Force 1 Yas 2 If Yas, Giva	12. Wes Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No			dispanic Origin? (Span, Maxicen, Puarte Specify:				
s withir jiene. r than	Completed	15. Decedant's Education (Specify only highast grade completed) Elemantary/Secondary (0-12) 12 Collega (1-4or 5+)			16a. Decedent's Usual Occupetion (Give kind of work dona during most of working lifa. DO NOT usa ratired) 1aborer			king	16b. Kind of Business/Industry auto manufacturing		
d 2 should be filed h and Mental Hygi 7 is marked other trsumatic event,	Be	17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nam					ma (First, Middla, Maiden Sumama) McCurdy				
2 should be f and Mental I is marked of reumatic eve	10	19a. Informant's Neme/Ralationship	(Type, Print)	W	19b. Mailing	Addrass (Street		ural Routa Number, Cify or Town, State, Zip Code)			
		Mary A. Holmes				_	e Ave Bal			•	
Peges 1 end ent of Heelth nt: if item 27 ry or other t		20e. Method of Disposition 1							20c. Location - City or Town, State 96 Colora MD		
20b. Place of Disposition (Nama of camatary, cramatory or othar place) 20c. Local camatary, cramatory or othar place) 20b. Place of Disposition (Nama of camatary, cramatory or othar place) 20c. Local camatary, cramatory or othar place)							P.A.		E.		
Physician /Medical Examiner	Examiner	Immediate Cause (Final disease or condition rasulting in death)	Arny H	smi 4							
eath certificete be executed ettending physician end I for use as the buriel-transit	edicai	Sequentially list conditions, if any, laading to immadiate causa. Entar Underlying Causa (Disease or Injury that initiated evants rasulting in death) Last Due to (or as a consequence of): C									
it the death cert by the ettendin teched for use	Physician/M						23b. Did to	bacco use co	ntribute to t	he cause of dear	
= 00	by Ph							1 🗆 Y	es 2 No	3 Probe	bly 42 Unkno
The lew requires ate has been sign page 2 should be	Completed							24a. Was a perform		com	a autopsy finding able prior to pletion of causa eath?
ician: The i								1 🗆 Y	s 2 No	10	Yas 2 No
	To Be	25. Was cesa referred to medical axaminar? 1 ☐ Yas 2 ☑ No	Hospital: 1 Inpatient 2 ER/Outpatlent 3 DOA Other: Nursing Homa 5 Rasidance 6 Other (Specify,								
Attending Physic death.	Certification: T	27. Manner of Death TNatural 5 Pending 2 Accident invastigat 3 Suicida 6 Could not	28a. Data of I (Month,	28a. Data of Injury (Month, Day Year) 28b. Tima of Injury 28c. Injury at Work? 1 Yas 2 No				28d. Dascribe how Injury occurred			
		4 ☐ Homicide datermine	building,	le. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)			28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)				
the Hos hin 24 h the Fun mpletely	edical	29a. Certifier (Check only one) 29a. Certifying Physician: To tha best of my knowledge, daath occurred at tha tima, date and place, and due to the cause(s) and mannar as stated. 2 Medical Exampler: On the basis of examination and/or invastigation, in my opinion, daath occurred at the tima, data and place, and due to the caused and menner steted.								led. he cause(s)	
To the within To the comple	Σ	29b. Signatura and title of confider	Man	29c. License number			29d. Data signed (Month, Dey, Year)				
		30. Nama and address of person who compiated ceusa of death (Itam 23a) (Type, Print)					17 51	551 7/5/16			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within—4 hours after death. Page 6 may be retained by the hospital or attending physician.

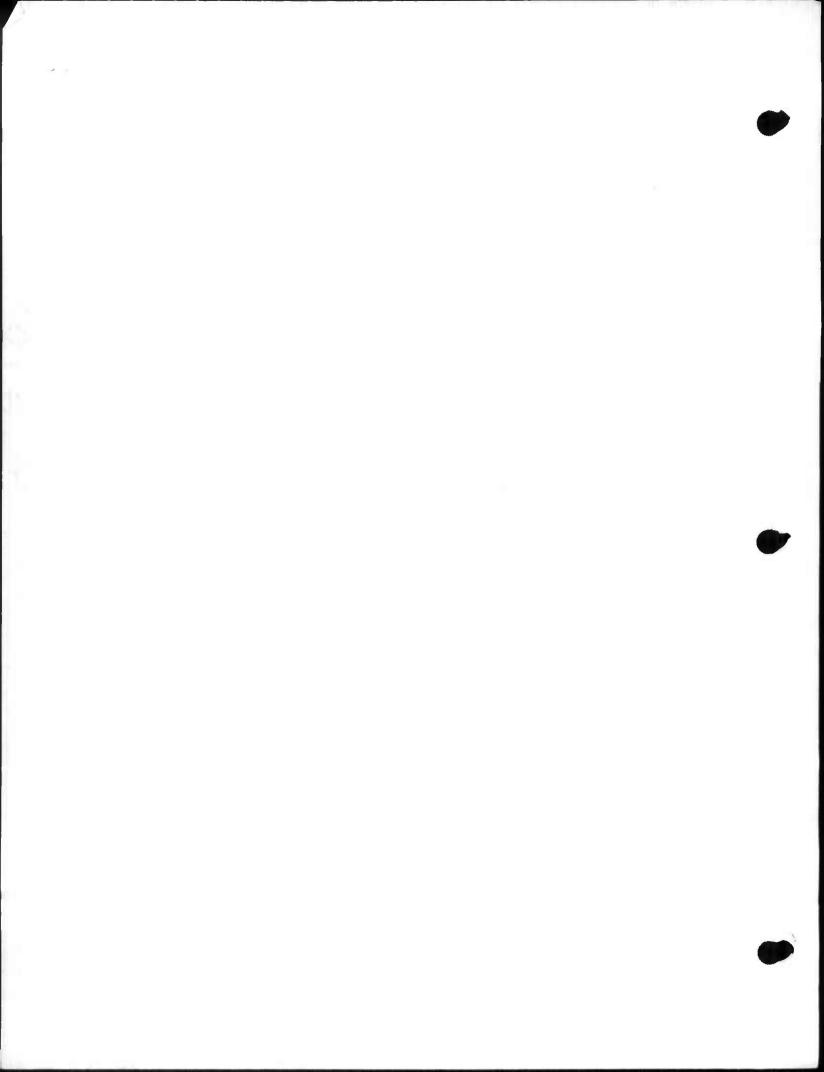
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nedio i nan		CENTII	TOATE	JF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	A - 1				2. DATE OF DEATH	YEAR	3. TIME OF DEATH				
	Harold	Andrew				June 27	, 1996	5:45 a. M				
	219-07-0910		E (In yrs. lest birthday) 77 YRS.		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1	Coun	HPLACE (State or Foreign try)				
-	9e. FACILITY NAME (If not institution, give stree				WN OR LOCATION OF DE	EATN	9c. COUNTY OF DEATH					
DIRECTOR	Edw.W.McCready Mem	orial Hosp	ıtal	Crisfield			Somerset					
EC	10a. STATE 10b. COUNTY											
	Maryland S			Crisf	ield	LIMITS?						
ED BY FUNERAL	100. STREET AND NUMBER 201 Hall Highw	a y			101. ZIP CODE 21817		United	what country? States				
	11. MARITAL STATUS 1	FORCES? 1 X YE	CEDENT EVER IN U.S. ARMED S? 1 X YES 2 NO GIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC OR If yes, specify Cuben, Mexican, Pua 1 YES 2 NO Specify:		ORIGIN? (Specify Yea or No—Puarto Rican, stc.) 14. RACE — American Black, White, stc. Specify: Wh					
	15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 168. KIND OF BUSINESS/INDUSTRY											
E	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of life. Do NOT (work done durir ise retired.)	g most of working							
COMPLETED	9		Carpe	nter		Lumbe	r Compa	iny				
BE CO	17. FATHER'S NAME (First, Middle, Lest) Alphus Andrews 18. MOTHER'S NAME (First, Middle, Malden Surmame) Mary Mae Magness											
	190. INFORMANT'S NAME (Type/Print) Jack Andrews		19b. MAJLIN	ADDRESS (St	reet and Number or Rural I	Poute Number, City or Town	n, State, Zip Code)	22551				
-	20a, METHOD OF DISPOSITION				poon Driv							
	1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ol from State	0b.PLACEAND DATE ametery, crematory or Faらせらい	other place)	Neteran	96-28 Hu	rlock.	Maryland				
	21. SIONATURE OF FUNERAL SERVICE LICEN	22. NAME AND ADDRESS OF FACILITY										
	Muliar 7. Es	lear		PO	amptom-Ha Bx 43, F	lwkins-Es ederalsb	kow Fururg, Mi	neral Home D 21632				
	23. PART I. Enter the diseases, or con shock, or heart failure. Lie	nplications that cause it only one cause on	ed the desth. Do esch line.	not entar the	moda of dying, such	h ss cardiac or reapi	ratory srrest,	Approximats Interval Between				
	IMMEDIATE CAUSE (Final disesse or condition	0 =	0 .	1		•		Onset and Death				
	reaulting in death) a	DUE TO (OR AS	Cereby	B- U	ascular	leur.	Rent	16 days				
z		Con elo gol Andaret. Lola 16 Dans										
ATIO	Sequentially list conditions, if sny, issding to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	D. D.	0 0	-	7 "					
5	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	e Ce	ecoro-C	Jaseula .	heran	6 2 das				
CERTIFICATION	resulting in death) LAST											
- 11	PART II. Other significant conditions of	contributing to death	but not resulting	In the under	lying cause given in			. WERE AUTOPSY FINDINGS				
EDICAL	Jaranaid	Solig	ophe	enia		PERFOR	303000	MAILABLE PRIOR TO COMPLETION OF CALIBE OF DEATH?				
M	Benign o	Prostat	le H	77	rophy			1 □ YES 2 Ø NO				
ÿ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											
PHYSICIAN:	EXAMINER? H	HOSPITAL: OTHER										
¥ l	1 YES 2 KNO 1	28s. DATE OF BUJURY		The second second	Home 5 - Residence	THE RESERVE AND ADDRESS OF THE PARTY OF THE						
BY P	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	280. 18	28b. TIME OF SEC. INJURY AT WORK? M 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED					
	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUF building, etc. (Sp	tY — At home, farm,	ne, ferm, street, factory, office		28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	4 Homicids determined											
2	9a. CERTIFIER (Check only 1 🔀 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
S	2 MEGICAL EXAMINER: C	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.										
H	296. SIGNATURE AND TITLE OF CERTIFIER	200	0		29c. LICENSE NUM		29d. DATE SIGNED					
2	Megora 12;	sello	at M	.1.	D2950	5	16-2	28-96				
CO -												
l	GREGORIO M. BELLOSO, M.D. 5302 CHINABERRY DRIVE, SALISBURY, MD 2180) 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with that I have been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

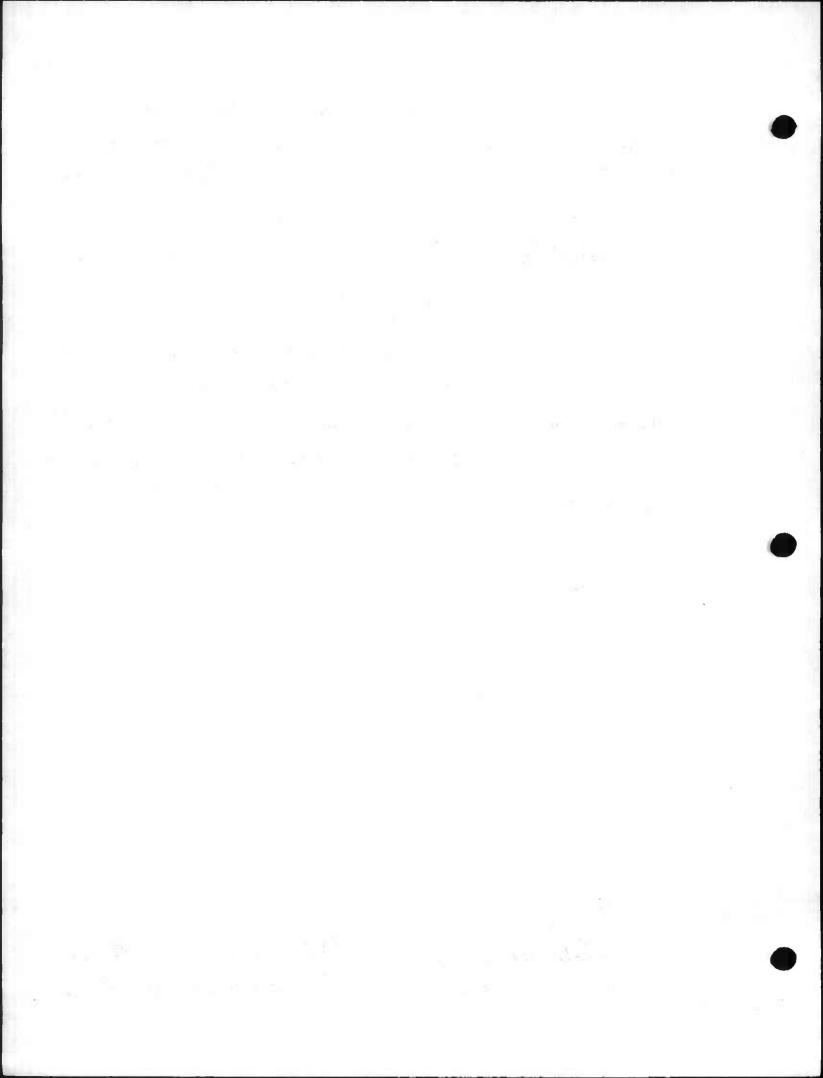
FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	REGISTRAR		C	ERITE	ICALL	: OF	DEAL	н	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH	W	YEAR	. TIME OF DEATH
	Maxine 4. SOCIAL SECURITY NUMBER	Helen		nder					7	4		96	3:15 a™
	4. SOCIAL SECURITY NUMBER 478-09-9608	5. SEX	8. AGE (In yrs. ias	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, Do Septemb	ly, Year)	101	Country)	ACE (State or Foreign
	9n. FACILITY NAME (If not institution, give st	treet and number)	70		9h CITY	TOWALO	R LOCATIO	N OF DE		er 20	_		
œ								ON OF DE	EAIH			NTY OF DEA	
DIRECTOR	William Hill Mano	or			I	East	on					la1bot	t
	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN C	R LOCAT	ION					1	Dd. INSIDE CITY
뜻	Mayerland G.												LIMITS?
	Maryland Car	coline			1	Dento							TES 2 NO
FUNERAL						101.	ZIP CODE				10g. CITI	ZEN OF WH	AT COUNTRY?
빌	25053 Pealiguor R						2162					5.A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI	MED IO	13. 1	WAS DECI	ENDENT OF	F HISPAN	IIC ORIGIN? (S	pecify Yea	or No-	14. RACE -	- American Indian, Vhita, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE W					2 NO			,		Specify:	
			TS1 FF		1_							Cauc	casian
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Gi	un kind of a	WORK done of	CUPATIO during mos	N st of working	9	16b. Kil	D OF BUS	INESS/IND	USTRY	
۳ ا	Elementary/Secondary (0-12)	College (1-4 or 5 +)		Do NOT us									
₹	12		B	ookke	eeper					Gas	<u>& Oil</u>	L Comp	oany
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First, Midd	le, Maiden	Sumame)		
H	Philip	Henry Ha	rgreave	S			C	lar	a Corn	elia	Char	oman	
2	19a, INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street as			Poute Number, (
F	Ronald J. Elbert		15	5020	Narr	OWS	Lane	a. R	owie,	Marv	land	2071	16
	20a METHOD OF DISPOSITION 1-19 Burial 2 Cremation 3 Ramo		20b, PLACE A	NODATE	OF DISPOS	ITION/Na/	me of	, _	DATE	_		City or Town	
	4 Donation 5 Other (Specify)	oval from Stata	Pitts	matory or o	ther place	mete	erv		7/8				Maryland
- 1	21. STENATURS OF FUNERAL SERVICE LICE	ENSEE	7		-		D ADDRES	S OF FA		110	00411	10/1	aryrana
	(Tandy	Del	(No	one		Moor	re Fu	ner	al Hom , Dent	e, P	.A.	land	21629
	23. PART i. Entar the diseases, or or	emplications that	caused the de-	ath. Do n	not entar	tha mod	da of dylr	ng. suci	h as cardiac	or readi	ratory arr	eat.	Approximate
	snock, or naart failure	list only ona caus	e on sach lina.				,					.,	interval Between
	IMMEDIATE CAUSE (Final disease or condition	Canca	- 1. J.	1	1.		772		6				Onset and Death
H	resulting in desth)	DUETO	OP AS A CONSEC	281	arc	c +	2 172	10	Δ				Zments
_		DUE TO (OII AS A CONSEC	OENCE OF	S	-	/	_	7 "				Zmentz
CERTIFICATION	Sequentially list conditions,	DUFTE	OR AS A CONSEC	es of	344	>02	ect	eal	ELI	ma	ノメ		comenty
¥	If sny, leading to immediate cause. Enter UNDERLYING			JENOE O	<i>/</i> ·								i
윤미	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEO	LIENCE OF	n.								
E	resulting in death) LAST	(OLIVOL OF	<i>γ</i> -								
ii ii													
	PART II. Other significant conditions	contributing to	iaath but not re	sulting i	n tha un	darlying	causa gi	iven in	Part 1. 24e	. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
EDICAL	4 3	neco	CAMMI	/		779	1			PERFOR		AV	AILABLE PRIOR TO IMPLETION OF CAUSE
			L ISC / O						_ 10	YES 2	110	DF	OEATH?
Σ	DID TORACCO LIST CONTR	IDLITE TO CA	ICE OF DE	FI 1 3/-	c 🗆 .	10 =	114					11	YES 2 NO
PHYSICIAN	DID TOBACCO USE CONTR	IBUIE IU CAL			_		UNCE	KIAIN	1 1				
ᅙ	EXAMINER?	HOSPITAL:			H (Check o								
Σ		1 Inpetient 2			Nurs	ing Home	_	idence	8 Other (Sp	ecify)			
급	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF II (Month, Day		28b. TIMI INJ	E OF URY	28c. INJU WOR			28d. OESCRII	BE HOW IN	JURY OCC	CURED	
À	2 Accident Investigation				М		ES 2 🗌	NO					
	3 Suicide 8 Could not be	28e. PLACE OF building, at	INJURY - At hones, (Specify)	ne, farm, s	dreat, facto	ry, office			28f. LOCATIO	N (Street as	nd Number	or Rural Rout	Number,
	4 Homicide determined								Oily or 10	wii, Giele)			
COMPLETED	29a. CERTIFIER Check only	IAN: To the best of n	ny knowledge, dea	th occurre	d at the tir	ne, date s	and place	and due	to the causele	and many		ad .	
<u> </u>	one) 2 MEDICAL EXAMINER	: On the basis of axe	mination and/or in	vestigatio	n, In my or	olnion, de	ath occure	d at the	time, data and	piaca and	due to the	e counciel or	rd manner on stated
10	29b. SIGNATORE AND TITLE OF CERTIFIED	/								P1000, 0110			
8	My Land	Nona	11				29c. LICEN	ISE NUM	BER	_	29d. DATE	BIGNED (M	oght, Day, Year)
2	30 NAME AND ADDRESS OF BERGES WITH	WALL.)				12	C &	00	>		1/4/	
	30. NAME AND AGORESS OF PERSON WHO	S / COMPLETED CAUSE	OF OEATH (ITEM		Print)	. 1	20	7.1	1601			15/9	36
	31. DATE FILEO (Month, Day, Year)	32. REGIŞTRAR	S SIGNATURE	,00	1	VV	V()	0	I				
	JUL - 8 '96		avidson- A	andale	_								

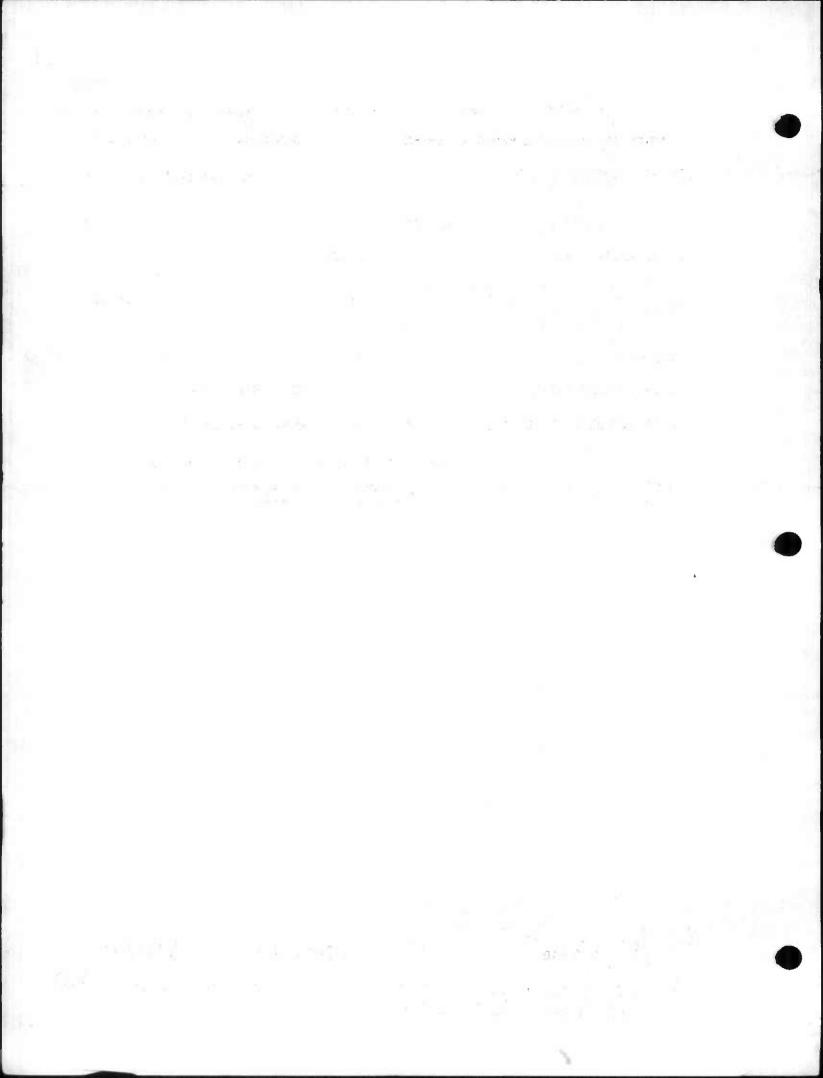
State of Maryland / Department of Health and Mental Hygiene Q 6 21520

						C	ertifica	ate of	Death		R	eg. No.		- 1	320
r	Street.		1. Decedent's Neme (First, Middle, I	.ast)							Dete of Dee Month	th Dey	Yeer	3. Tim	ne of Death
	Physic /Medi			Charles	Ed	lwar	d	Adam	າຣ		July			11	L:00AM
)	Exami		4e. Fecility Neme (If not Institution, g	ive street end number)					b. City, Town	, or Locat	ion of Deeth	4c. Count	y of Deeth		
			Memorial	Hospital	at	East	con		East	on		Ta]	lbot		
	Funeral Director		5. Sociel Security Number 6. 2 1 8 - 0 1 - 3 9 8 4	Sex 7. Age		last birthd	Month	ler 1 Year s Deys		Hrs. 8. Min.	Dete of Birth (Month, Dey 01/25			plece (Stantry)	ate or Foreign
	D.		Usuel Residence of Decedent												
	nyler show		10a. Stete 10b. County		10c. City	y, Town o	r Location						1		de City Limits
	e Me	cto	MD Carol	ine				Pre	eston					1 🔲	Yes 2 No
	h with th	Funeral Director	Post Office		Roa	ı d	10f. 2	Zip Code 2]	655		1	Og. Citizen of Unite		•	S
	deetl	Jer	11. Maritel Status	12. Wes Decedent B	Ever in U,	.S. 1	3. Wes Dec		Ispanic Origin en, Mexican, P	? (Specify		14. Re	ce - Americ	can India	
21215-0020	s 1 end 2 should be filed within 72 hours efter death with the Merylend Heelth end Mental Hygiene. Itam 27 is marked other than "natural", or items 23s or 28s-f show other traumatic svent, the Medical Examiner must be notified at	by	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 XYes 2 □ N If Yes, Give Yeer or Dates:	40 W W	ΙΙ			Specify:	uerto Ric	an, etc.)	Specia	eck, White, by: B	lacl	k
2-0	72 ho	Completed	15. Decedent's (Specify only highest of	Education		16e. De	cedent's Us	suel Occup	ation	funding		16b. Kind of E	3usiness/In	dustry	
2	mu m	pie	Elementery/Secondary (0-12)	College (1-4or 5	i+)				during most of d)						
	M G A	No.	10			L	abore	er/Co	onstru	cti	on	Lumb	er C	omp	any
Maryland	2 should be filed with! end Mental Hygiene. Is marked other than sumetic svsnt, the M	To Be	17. Fether's Neme (First, Middle, La:	Martin A	dams	5			18. Mother's Clara			n d	me)		
ary	should and Men marke		19e. Intorment's Neme/Reletionship	(Type, Print)		19b. M	eiling Addre	ss (Street	end Number o	or Rural R	oute Numbe	r, City or Town	, Stete, Zir	Code)	21655
	nd 2		Lorraine E. Ad	dams					y Rd.						
re,	ges 1 end t of Heelth If itsm 27 or other to		20a. Method of Disposition		20b. P	lece of Di	sposition (A	iame of	201	1	Date	20c. Location	- City or To	own, Stel	te
Baltimore,	permit. Peges 1 end 2 Department of Heelth e Important: If Itsm 27 is any Injury or other trs once.		1 ⊠ Buriai 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec	cify)	Eas	ter	n Sho	re \	/et.	7	-15	Hurlo	ck,	Mar	yland
Ba	Depa Impo any I		21. Signeture of Funerei Service Lic	Esker			Framp	tom-	ss of Fecility - Hawki B, Fed						е
			23a. Pert1. Enter the disease, or co shock, or heart tellure. List on	mplications thet caused	the deet										imete i Between
V	Physician			0										Onset	end Deeth
2	/Medical		Immediate Cause (Final disease or condition	100	-Mn	NA	RY	2.PE	MA					Da	ve
П	Examiner		resulting in deeth)	e CHR	Due to (o	r es e con	sequenca o	():	***					277	
_	D #	ine.		CHR	ONI	c R	ENAL	_ F	ALLUR	5				Y5	Des
	nd	Examiner	Sequentieily list conditions,				sequence o		1					10	
Ö,	an a		Sequentieily list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events										1		
68760,	nysic he bi	edicai	thet initieted events resulting in death) Last	c	Due to (or	r es e con	sequence of	f):					-		
9	certificate be executed nding physician and use as the buriel-transit	Med	resulting in death) Last										i		
Box	S D S			d					-				-		
	deat e ett	Physician/	Part II. Other significant conditions	contributing to death bu	ut not resu	ulting in th	e underlying	cause div	en in Pert I.		23b. Dld to	obacco use co	ontribute t	o the car	use of death?
Ö	res that the de signed by the a be detached i	hy	- 41									es 2 No			4 Mhknow
S, D	s tha	by P	SERSI	5								2 - 110		,	
of Vital Records	been s	Completed t	ARRA	477 m 14	-						24a. Wes a perform	in autopsy med?	av	allebie p	psy tindings rior to not cause
Re	0 - 0	Ę										a boar			•==
g	dentificate rector, pag	ပိ	25. Wes case reterred to medical						10.40 - 1			es 2000	11	Yes	2LI No
5	sicien: certific irector,	00	exeminer?	Hospitel:	- 40			Oth	Or:		heck only or				
ō	Physicien: this certific ral director,	: To	1 Yes 2 No 27. Menner of Deeth	1 L Inpatie		ER/Outpe 28b. Tim		DUA	4 LI NUISI			ence 8 Dot ow injury occu		(y)	
Division	iling Ph r. After th funeral	ion	1 ENeturel 5 ☐ Pending	28e. Dete of Injur (Month, Dey	Year)	Inju		28c. Injur Wor	k? Yes 2 □ No		i. Describe n	ow injury occu	Hed		
S	Attending or death. ector: After by the fune	cal	2 ☐ Accident Investigati 3 ☐ Suicide 6 ☐ Could not	he					162 2 140		Lastina (C	A		10.4	A4:
2	of attending Personal of Personal of Personal of Personal of Indian of India	Certification:	4 ☐ Homicide determine	28e. Piece of Inju building, etc	. (Specify	me, term, /)	street, fect	ory, offica		281.	City or Town	treet end Num n, Stete)	ber or Hurs	M Houte	Number,
	urs e rail														
	To the Hospital or Att within 24 hours effer d To the Funeral Direct completely filled in by	edicai	29e. Certifier (Check only one)	hysician: To the best of imtner: On the besis of	examinet	wiedge, de tion end/o	eth occurre r Investigation	d et the tin on, in my o	ne, date end p pinion, deeth o	occurred e	due to the c et the time, d	euse(s) end m lete end piece	anner as s	iteted. o the ceu	use(s)
	within 2 To the complet	Me	29b. Signeture end title of certifier	end menner ste	ted.	_	2	9c. Licens	e number			Od Date slope	ad (Month	Day Va	orl
	₹ ¥ ₽ 8		114	2000	INT	1	2	(1)	01-	EL		9d. Dete sign	-61	G -	vi j
			· VV///	UNV	11	/		2	267	70)		6111	76	
			30. Neme end eddress of person who	1200		23e) (Ty	Print)	(263 T. M	1		MI	101	- 1 -	
			WILLIAN 31 Date Head 31 - Date Head	n BREMEN		m			1 < 10	IKH	AELS	MA	216	06	5
	Sta Registi		31. Dete tiled (Month, Dey, Year)	32. Registre	Davids		ndelle								



State of Maryland / Department of Health and Mental Hygiene 96

							Cer	tificate of	Death			Reg. No.			
			1. Decedent's Name (First	t, Middla, La	st)						2. Date of De	ath		3. Time	of Death
н	Physic		F	STELL	E	MAE		Bull	1		Month	Day	Year		1
7	/Medi		4a. Facility Name (If not in						4h City Toy	wn or Lo	delion of Death	17,	199C County of Dec	130	6
,	Exami	ner	PENINSULA				יבאייבים			LISE		40. (WICON		
								H Hadar 1 Vac							
	Funeral		5. Social Security Number		ion 2√2 F	7. Age (In yrs		If Undar 1 Yaar Months Days	Hours	Min.	8. Data of Bir (Month, De	th y, Year)	9. Bi	rthplaca (Stata country)	or Foraign
	Director		229-05-6060		X	92	Yrs.				APR.30	,1904	4	VA.	
	p >		Usual Residence of Deced	County		10- 0	h. Tour or Lo							T	
	elyle Pho	-	100.	County		100.0	ity, Town or Lo	cation						10d. Inside	
	No Tal	cto	VA. AC	COMAC	K		SANFORD							X	s 2 No
	eth with the Merylen 123a or 28a-f show wat be notified at	Director	10e. Street and Number					10f. Zip Code				10g. Citiz	en of What C	Country?	
	h w 23a		23256 SAXIS	ROAD				2342	6			I	J.S.A.		
	dee E	Funeral	11. Marital Status			edent Ever in U		Vas Decedent of I	Ilspanic Orig	gin? (Spe	cify Yas or No	- 1		arican Indian,	
0	offer and		1 ☐ Never Married 2	☐ Married	Armed F	21 No		Yas, specify Cub		, Puerto	Hican, atc.)		Black, Wh	Ita, atc.	
21215-0020	be filed within 72 hours efter deeth with the Meryland tiel Hyglene. d other than "natural", or itema 23a or 23a-f show svent, tra Medical Examiner must be notified at	by	3 Widowed 4 □ Di	ivorced	If Yas, G Year or I	IVE	1	☐ Yes 21 No	Specify:				Specify: W]	HITE	
9	2 ho	P	15. De	ecedent's Ec	ducation		16a. Deced	ent's Usual Occup	pation			16b. Kin	d of Business	s/Industry	
7	n n	Completed			de complated,		(Give	kind of work dona OO NOT use retire	during most	of worki	ing				
2	within iene. then	E	Elementary/Secondary (UNKNOWN	(0-12)	College	(1-4or 5+)	u	OMEMAKER				DON	MESTIC.		
D	e filed el Hygi other vent, b		17. Father's Name (First, I	Middle, Last,				JARTAKEK	18. Mother	r's Name	(First, Middle,				
an	Mentel Mentel	Be C	LEVIN WILLI												
Maryland	should be and Mentel marked umatic sv	10					40h Maille	a Address (Otros			VILKERS		T 04-4-	71- 0-2-1	
Ma	CA 00 00 42		19a. Informant's Name/Re		•	m)		g Address (Street					TOWII, State,	21p Code)	
4	of Health Itam 27		HULDA B. WH		DAUGHIE	-		IS ROAD	- SANF	OKD,				-	
0			20a. Method of Disposition 1 X Burial 2 ☐ Cran		Removal from		Place of Dispos cemetery, crem	netory or other ple	ce)		Date	20c. Loc	ation - City o	r Town, State	
=	Pag ant: ury		4 □ Donation 5 □ O				WNING'	S CEMETE	RY	6-	-19-96	OAK	HALL,	VA.	
Baltimore,	permit. Pages Department of Important: If It any Injury or		21. Signature of Funeral S	Servica Licar	nsee		22	Name and Addre	ess of Facility	Y					
m	2011) ()	0 /		1		HORNTON							
	-		23a. Part / Entar tha disa	ase or com	plications that	causad the dee	th Do not ante	. O . BOX	264, F	PARK	SLEY, V	A. 2	3421	Approxim	eto
			show, or heart failur	e. List only	one cause on	each line.	itii. Do not ante	ar the mode of dyn	ng, such as t	cal diac (n respiratory a	11051,		Interval B	etween
Ė	Physician / /Medical		Immediate Course (Final		1	1 1		_ /						1 1	Dogn
	Examiner		Immediate Cause (Final disease or condition resulting in death)		a. //	Due to	Im	MN	Why	ver				Mn	20
		<u></u>	4		,	Due to (or as a conseq	uence of):	1						
	D #	ine		_	b										
	and trans	Examiner	Sequentially list conditions if any, leading to immedia	s	U. ———	Due to (or as a conseq	uence of):							
Ó,	e exa		cause. Entar Underlying	te										the state of the s	
68760,	eath certificate be executed strending physician and for use es the burial-transit	edicai	Cause (Diseasa or Injury that initiated events resulting In death) Last	- 5	C	Due to (or as a consequ	uenca of):						1	
	iffice pl	Jed	resulting in death) Last												
XO	andin use	N.			d									<u> </u>	
Ω.	that the death cert ed by the attendin detached for use	Physician	Part II Other elgoitleant o	anditions o	omerita e do el	looth but not on	sulting to the co		un la Bant I		non- Did	40000000			
0	y the	ys	Part II. Other significant c	Official C	oritinouting to t	eath but not res	sulting in the un	idenying cause gr	ven in Part i.				19	te to the cause	
	that ed b										10	Yes 22	No 3□1	Probably 4[Unknown
ds,	requires that the seen signed by the hould be detache	d by									0.4- 104-4	Continue	045	Mara automo	. Ga dia sa
0	v require been si should) je									24a. Was perfo	an autops med?	sy 240.	 Were autopsy available prior completion of 	rto
Vital Record	× 2 5 × 8	Completed												of death?	causa
<u> </u>	The law ate hes t page 2 s	5									10	Yes 20	(No	1 ☐ Yes 20	□ No
ā	dclan: The certificate rector, pag	0	25. Was case referred to n	nedical					26. Place	of Death	(Check only o	one)			
>		To B	examiner?		Hospital: 1 🗆	Inpatient 2	ER/Outpatien	3□ DOA Oth	ner:	rsing Ho	1 1		Other (Sp.	ecify)	
0	Phys erai d		27. Manner of Death	1	28a. Date	of Injury	28b. Time of	28c. Inju			28d. Describe			00.197	
5	ding in.	tio		Pending investigation		nth, Day Year)	Injury		rk? Yes 2∐ N	No					
S	dea ctor y the	fica	3 ☐ Suicide 6 ☐	Could not be	9	a of injury - At h	ome farm stre	et, factory, office			28f. Location (Street end	Number or F	Rural Route Nu	mber.
Division of	or Attendiation after death. Director: A lin by the fi	Certification:	4 Homicide	determined	build	ing, etc. (Speci	fy)	ot, lactory, cilico			City or To		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10/0// (00/0//0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	pital purs illed		29a. Certifiar	14 d Db	untales To it										
	Hos Fun tely	edical	(Check only 2 M	edical Exam	niner: On the b	asis of examina	owiedge, death ation and/or inv	occurred at the tile estigation, in my o	me, date end opinion, deat	h occurre	end due to the	date and	and manner a place, and du	is stated. ie to tha cause	(s)
	To the Hospital or Attending Ph within 2 Hours after death. To the Funeral Director: After thi completely filled in by the funeral	Med		oortifier.	and mar	ner stated.		00-17-	na mumb : :			004.5	مه فاسلم	4h O- 14-14	
	5 × 5 0	-	29b. Signature and titla of	Certinar				29c. Licens	se number			290. Date	signad (Mor	oth, Day, Year)	
			MUM	um	ue			()	205	07		6	118/0	16	
		5	30. Name and address of g	person who	completed cau	se of death (Ite	m 23a) (Type, F	Print)			, (-	^^	10
			TOSENK	N C	D.HSR	11 6	45 F	(ior)	ROLL	. (.	+ JA	+ UIS	rm.	$\gamma \gamma \gamma$	1)
	Sta	te	31. Date filed (Month, Day,	()1 19	32/1	egistrar's Sign		,			,		1		
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BALTIMORE, MARYLAND 21215-0020

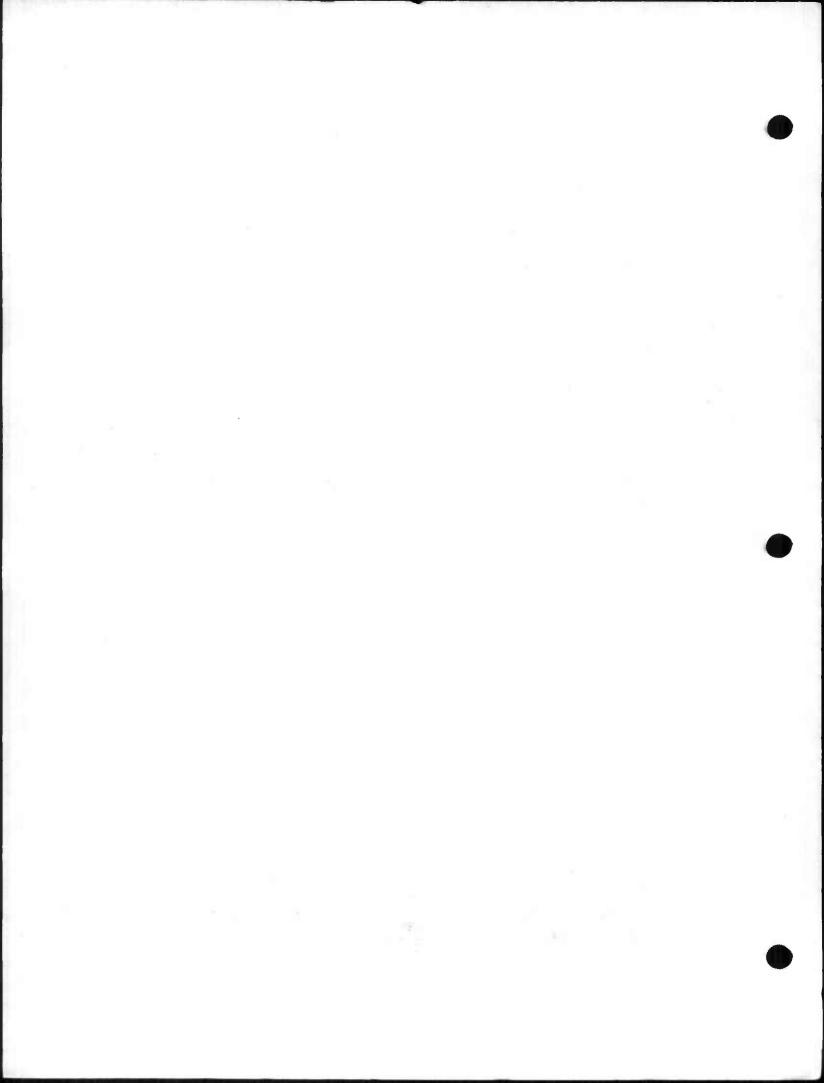
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARY		IENT OF HEALTH AN	D MENTAL HYGIEI		
1. DECEDENT'S NAME (First, Middle, I		. Brown		2. DATE OF DEATH MONTH July 6	1996	
4. SOCIAL SECURITY NUMBER 718-18-0890	1 🔀 M 2 🗌 F	92 YRS. MO	UNDER 1 YEAR OF UNDER 24 H	Dec. 29,1	903 6	NATHPLACE (State or Foreign Jountry) Virginia
98. FACILITY NAME (If not institution,) 12608 West Old RESIDENCE OF DECEDEN	Baltimore Roa		Boyds	PF DEATH	Montg	
10a. STATE 10b. CO		Boyds	DWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER 12608 West Old 11. MARITAL STATUS	Baltimore Roa	d	101. ZIP CODE 20841			OF WHAT COUNTRY? States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 1 NO	13. WAS DECENDENT OF HI If yea, specify Cuban, Mi 1 YES 2 X NO S	exican, Puerio Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Las	EDUCATION grade completed) College (1-4 or 5 +)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use re Brake	done during most of working tired.)		road	RY
Alexander Brow	í		Effie			
Mary E. Brown			West Old Balt			*
20a. METHOD OF DISPOSITION 1	Ramoval from Stata	ob. PLACE AND DATE OF D metery, crematory or other lontgomery	ISPOSITION (Name of Crematorium	Inc 7/8 Bet	hesda,	or Town, Stata Maryland.
21. SIGNATURE OF FUNERAL SERVICE	D Wynu	/		lesworth P.A		al Home Maryland 20872
23. PART I. Enter the diseases ehock, or heert fell IMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. List only one cause on	ed the death. Do not each line.	enter the mode of dying,	such as cardiac or res	piratory srrest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	с.	A CONSEQUENCE OF):				
PART ii. Other aignificent cond	litions contributing to deeth	but not resulting in t	he underlying ceuee give		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 JNO 27. MANNER OF DEATH			,	TAIN 🗆		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	28. PLACE OF DEATH (utpetient 3 DOA 4	THER: Nursing Home 5 Reside	nca 6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investiga	28s. DATE OF INJURY (Month, Day, Year,		F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED .
9 Culatata	t be building, atc. (Sc	RY — At home, farm, street pecify)	et, factory, office	281. LOCATION (Stree City or Town, Stat		tural Route Number,
anal .	PHYSICIAN: To the best of my known MINER: On the basis of examinat					use(s) and menner as stated.
296. AIGNATORIE AND TITLE OF CER	Mulinex	l wid	29c. LICENSE	929Y	DJU	SNED (Month, Day, Year) 4/ 8, 1996
JOHN 2	MELNICA 32. REGISTRARESIO	THE STATE OF THE PARTY OF THE P	ISSELL AUS	GAITHE	Nound	B and 20079
MIT 08 I	350	West The Land				



State of Maryland / Department of Health and Mental Hygiene 96 21523

						Ce	rtificate o	of Deatl	7	Re	eg. No.	~	101.0
	hysici /Medic		1. Decedant's Nama (First, Middla, Charles	Last)		BUL	K			July 5,		Yaar	3. Tima of Death 6:20 AM
	xamir		4a. Facility Nama (If not institution, s Northampton Man			ter			own, or Lo deric	cation of Death	4c. County Frede		
	neral ector		068-12-3683	Sax 1X M 2□ F	7. Aga <i>(In yrs.</i> 72	. last birthday) Yrs.	If Undar 1 Ya Months Da		Min.	8. Data of Birth Month, Day, Dec 12	2 ^{Year} 1923	9. Birth New	placa (Stata or Foreign Pork
Maryland	fied at	tor	Usual Rasidance of Decedant 10a. Stata 10b. County Maryland Freder	ick		ity, Town or Lo							10d. Inside City Limits
h with tha	iner must be nutified at	al Director	10e. Street and Number 7128 Limestone	Lane			10f. Zlp Cod 2176	ia 59		10	0g. Citizen of V U.S.A.	What Cou	intry?
5-0020 72 hours after death with the Maryland	Examiner mu	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed Fo	2 No		Was Decedant If Yas, specify C	Suban, Maxic	an, Puarto	ecify Yas or No- Rican, atc.)	Blac	e - Amari ck, Whita, v: Whi	
vithin ena.	the Mexical Exam	Completed	15. Decedant's (Specify only highast Elamantary/Secondary (0-12)	Education trada complated) Collega (1	-4or 5+)	(Giva	dent's Usual Oc kind of work do DO NOT usa re trical En	na during mo tired)	ost of worki	ing	Gover		
aryiand 2 should be filed and Mental Hygis	3 0	To Be C	17. Fathar's Nama (First, Middla, La Vasil	st)	BUL:	IK			har's Nama nna	(First, Middla, M		na) nown	
s 1 and 2 sho	2 2		19a. Informant's Name/Ralationship Chuck Bulik, Sc			7055	East La	ake Mea	ade B	l Routa Number, 1vd., Ap	City or Town, Ot. 111	State, Zi	p code) 89115 as Vegas, Nev
Pages 1	- 1		20a. Mathod of Disposition 1 ☐ Buriai 2 XX ramation 3 4 ☐ Donation 5 ☐ Other (Spe	□Ramoval from cify)	Ctoto	cematary, cra	osition (Nama o matory or other Cremetor	placa)	7, 19	2.5	Smithsbu		
Baltimo permit. Page Department	eny Injury o		21. Signature of Funaral Sarvice Lie	Yraf	M002					P.A. Fu			
/Med Exam	Physician /Medical Examiner	Examiner	Immediata Causa (Final disaasa or condition rasulting in death) Sequantially list conditions, if any, leading to Immadiata causa. Entar Undarfying	a		or as a consecutive or as a consecutive or	quance of):	D R	ledy	pleale	m		onsat and Death
DOX DO/DU, sath cartificate be assecuted	for use as the bunal-transit	cian/Medical	Causa (Disease or Injury that initiated avants rasulting In death) Last	d		or as a consec							
) at s	ached	/ Physician	Part II. Other significant conditions	CUA-				givan In Par	t i.				to the cause of death bably 4 Unknow
	2 should be dat	Completed by								24a. Was a		81	Vara autopsy findings valiable prior to omplation of cause i death?
= - 5			25. Was casa rafarred to medical							1 🗆 Ya		1	□ Yas 2 No
Physicien: this cartific	rector,	o Be	axaminar?	Hospital:		Tento Silvio		Other 4		(Check only on	-		
Affa B	e funaral di	tion: To	1 Yas 2 No 27. Mannar of Death 1 Natural 5 Panding 2 Accident invastigat	28a. Data o (Mont		28b. Tima o Injury	f 28c. i	4L21 njuryat Work? I∐ Yas 2[:	ma 5 ☐ Raside 28d. Dascribe ho			ify)
DIVISION al or Attending s efter death.	ed in by th	Certification:	3 Suicida 6 Could no datamine	d Zoa. Flace	of Injury - At h	oma, farm, sti fy)	raat, factory, offi	се		28f. Location (St. City or Town		er or Rur	ral Routa Number,
LIVISION To the Hospital or Attenct within 24 hours efter death To the Funeral Director:	completaly filled in by the	edicai	29a. Cartifiar 1 Certifying (Check only one)	in ician: To tha in nar: On tha ba and mann	isis of axamina	owledga, daati ation and/or in	h occurred at the vastigation, in m	a tima, data a ny opinion, da	and place, a	and dua to tha ca ed at tha tima, da	use(s) and ma ata and place,	and dua i	stated. to tha causa(s)
To t	00	≥	29b. Signatura and title of contiler	///			29c. Lic	ense number		25	9d. Data signe	d (Month,	, Day, Year)
		-	30. Nama and addrass of person wh	o complated caus	a of daath (Itar	m 23a) (Type.		26499			July 6	,	1996
			Dr. Ronald E. M	Miller, N	4D 4 C	ulwell		Mt. A	iry,	Marylan	d 21771	L	
Re	Sta egistra		31. Data filed (Month, Day, Year) JUL 08	996	gistrar's Signi	eyor Par	Late						

State of Maryland / Department of Health and Mental Hygiene Q 6

21521

						Cer	tificate of	Death		Reg. No.		4104
	Physic	ian	1. Decedent's Neme (First, Middle, L	ast)					2. Date of De Month	eth Day	Yeer	3. Time of Death
	/Medi		EARL	W.	В	ROWN			6		96	6.36PM
	Examir		4e. Facility Nama (If not Institution, gi	va straat and number)			4b. City, Town, or	Location of Deat	4c. County	of Death	
				VAL. & R					BURNIE	A	A	
	Funeral Director		5. Social Security Number 6. 214-18-0437 Usual Rasidance of Decedent	Sex 7. A	ga (In yrs. last 92	Yrs.	Months Deys			y, Year)	9. Birthpi Count MARYI	
	land wo		10a. State 10b. County		10c. City, T	own or Loc	ation				10	Od. inside City Limits
	Mery Fed sh	ō	MARYLAND ANNE AR	UNDEL	ANNAP	OT TO						1 XYes 2 No
	1 the	Directo	10e. Street and Number	CNDEL	AMMAI	оптэ	10f. Zip Code			10g. Citizan of	Whet Count	try?
	3a o		5 CARVER STREET				21401			US		
	deeti	Funerai	11. Marital Status	12. Wes Decedent	Evar in U,S.	13. W		Hispanic Origin? (S ban, Mexicen, Pue	Specify Yas or No	- 14. Rad	e - Amarica	
Maryland 21215-0020	be filed within 72 hours effer deeth with the Meryland itel Hygiene. Id other than "natural", or itema 23a or 28a-f show event, the Medical Examinet must be notified at	by	1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed Forcas 1 ☐ Yas 2 If Yes, Give Yeer or Detes:	No		Tas, specify Cu ☐ Yes 2 ☐ ÇNo		TO HICEN, etc.)		ck, White, e y: BLAC	
5-0	72 h netu	Completed	15. Decedent's E (Specify only highest gi		1	6a. Decede	ent's Usual Occu	ipation a durina most of we	orkina	16b. Kind of B	usiness/Ind	ustry
121	Althin Pan	igm igm	Elementery/Secondery (0-12)	College (1-4or	5+)			ed) most of wo				
7	filed with Hygiene. ther than		6th 17. Fathar's Nema (First, Middla, Las	0		F	PAINTER	40 14-11-4-11-	an a (Pina) h h h alalla		EMPLO	YED
ano	S de B	Be	RICHARD W. BROW	•					me <i>(First, Middl</i> e, LA HENDE)		ne)	
7	d 2 should ith and Menit 7 is marked traumetic.	10	19a. informent's Neme/Rejetionship			10h Mallin	Address (Street	at and Number or R			Ctate 7/a	Codel
S	d 2 h ar											
5	f Heelth frem 27 other tr		MARY TAYLOR (NEIC 20a. Mathod of Disposition	E)	20b. Place	e of Dispos	ition (Nama of	Y SQUARE	Data	20c. Location -	City or Toy	wn. Stata
no	Peges nert of I nt: If ite		1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special		BREWE	ete <i>ry, cram</i> 'RHTT	atory or other pl	ece) ERY7-1 -9 (JULY 1,	A STATA DOT 3	ro Mr	
Baltimore,			21. Signeture of Funeral Sarvice Lice	*-	DILLIND		Nama and Add		7 1550	ANNAPUL	LS, ML).
ä	permit. Departments any inje		Harry 1	J. X ee	20	WM.	. REESE	& SONS				
	_		23a. Part1. Enter tha disease, or cor shock, or heert fellure. List only	polications that causa	d tha death. [82 Do not enta	1 WEST	ST. ANNA	POLIS, MI	D. 21401	L	Approximete
	Physician		shock, or heert fellure. List only	one ceuse on each l	ine.							Intervel Between Onset and Deeth
	/Medical		tmmediate Cause (Final disaese or condition		<	500	ris				1	2-3 days
н	Examiner		resulting in daeth)	θ.	Dua to (or as	e consequ	ience of):				1 4	- 3 - 0
-	D #	ner					,				1	
o,	death certificete be executed e attending physician end ed for use es the buriel-transit	Examiner	Sequentially list conditions, if eny, leeding to immadieta cause. Enter Underlying Causa (Disease or injury	Ь. ———	Due to (or es	a consequ	ence of):					
68760,	ate be nysicii	Medical	Causa (Disease or injury that initiated events resulting in death) Last	C	Due to (or es	a consequ	ence of):					
	ing pl	Med	Todaling in doubly East									
Box	eath cer attendin	lan/		d								
-	the a	Physician/	Part ii. Other significant conditions	contributing to death t	out not resultin	g in the un	derlying ceuse g	iven in Pert I.	23b. Did	tobacco use co	ntribute to	the cause of death?
P.0	thet the de led by the a detached		Dement	ia					10	Yes 2 No	3 Prob	ably 415 Unknown
of Vital Records,	8 5 8	d by	0 0	d voso	1	,			040 14400		24h Wa	re autopsy findings
Ö	v require been si should	Completed	Peripher	مل ١٥٥٥	ular	dia	esse			an eutopsy rmed?	ava	Illable prior to
Rec	hes ge 2	du	1								of d	leath?
B		ပိ	of Was are stored to material	~					10		1	Yes 2 No
5		o Be	25. Was case referred to medicel exeminer? 1 Yes 2 No	Hospital:	ant 2 ER	(Outs otlant	2004 0		eath (Check only o		(016	
o	Phys r this eral d		27. Menner of Deeth	28a. Dete of Inju		b. Time of	3□ DOA 28c. Inju		Home 5 Resi	how injury occur)
ion	Attending or deeth.	atio	1 Neturel 5 ☐ Pending 2 ☐ Accident Investigation		ay Year)	injury		ork?]Yes 2∐No				
Division	Atte	ertification:	3 ☐ Sulcide 6 ☐ Could not I	286. Piece of in	jury - At homa	, farm, stre	at, factory, office			Street and Numl	ber or Rural	Routa Number,
	tal or Attending Pt rs efter deeth. al Director: After tt led in by the funera	Cer	T LI TOTILIOGO	building, e	tc. (Specify)				City or To	wii, State)		
	To the Hospital or A within 24 hours effer To the Funeral Direction place of the foundation of the following the foundation of the foundat	edicai	29a. Certifier (Check only one) 1 Certifying Pl	nysician: To the best miner: On the basis of and manner st	of examination	dge, death and/or inve	occurred at tha testigetion, in my	ima, data and plac opinion, death occ	e, and due to the urred at the time,	ceusa(s) and modate and place,	ennar es sta and due to	ated. the ceuse(s)
	To th Withli To th comp	M	29b. Signature and title of certifier)	1.0		29c. Licer	se numbar		29d. Data signe	d (Month, E	
			100006	any,	CHU		D	-405 4		July	1,19	76
			30. Name and address of person who	completed cause of	death (item 23	a) (Type, P	rint) A	(ENI)	SUTE	397		
			217,094117				-MZ III	-40521 BAUTIO	nore,	np 21	229	
	Sta Registr		31. Dete filed (Month, Day, Year)	6 32 degist	Paridien	-Rande	202					

wired and of the office of

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept, of Health and Mental Hydiene prior to burial, gremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR		STATE OF A	MARYLAND	DEPAR	RTMEN	T OF H	IEALTH	AND	MENT				21323
	1. DECEDENT'S NAME (First,	Middle Lest)			ERTIF	ICAI	E UF	UEA	IH		REG. NO			
3		izabet	L T		n					MON			YEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. le	Biro		R 1 YEAR	IF UNDER	0.04.1800	Jul	y 5 E OF BIRTH]	1996	
	383-30-0481 98. FACILITY NAME (If not in		1 □ M 2 📆	63	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov	13,019		Mic	higan
œ								OR LOCATI	ON OF D	EATH	,		NTY OF E	
DIRECTOR	Meridian He	alth C	are Cent	er/Spa (Creek	Ar	napo	lis				Ar	ne A	rundel
MH MH	10a. STATE	10b. COUNTY			10c. C/1	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
8	MD	Anne	Arunde1			Anna	poli	s						LIMITS?
A	10e. STREET AND NUMBER						-	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
쁘	1852 Carri	age Dr	ive						2140)1		Uni	ted	States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	RMED		If yes, sp	ENOENT Cook	m, Mexica	n, Puerto	IN? (Specify Yes Ricen, etc.)	or No-	Blac	E — American Indian, k, White, atc.
													apoc	White
121	(Specify only	EDENT'S EDUC highest grade		(G	CEDENT'S	work done	during ma	ON st of working	ng	16	b. KIND OF BUS	SINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5 +)	gisla	THE PARTY OF		le			Gove	ernme	ent	
8	17. FATHER'S NAME (First, MI							18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
BE	Ligori L										elen			
0	19a. INFORMANT'S NAME (7)										nber, City or Town			
	Emery J.								e Ar	nap	olis, N	1ary1	.and	21401
	20a. METHOD OF DISPOSITI	n 3 🗆 Ramo	val from Stata	gemetery_cre	AND DATE	of DISPOS	SITION /Na	me of		DA	20c. LO	CATION —	City or To	own, State
	4 Donation 5 Donates		EMBER	Ft. L	ıncol	n Cr	emat	ory	July	7 9,	1996 1	Brent	wood	l,Maryland
	> May	16	mln -			14	7 Du	ike C	of GI	Jouce	ohn M.	Tayl	or F	Suneral Home
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	ant immures s	ong bha cao	caused tha de se on each line 5°e			the mo	da of dyi	ing, auc	h as car	diac or respi	retory an	rest,	Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentially list condition of the condi	flete NG ry c.		OR AS A CONSECUTION OF A CON		F):	cl	eno	563				2	10 Year
MEDICAL	PART II. Other significer	nt conditions	contributing to	deeth but not r	resulting	In the ur	nderlyling	ceuse g	given in	Part I.	24a. WAS AN PERFOR 1 — YES 2		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					28. PL	ACE OF D	EATH (Che	ick only o	ne)			
Sic	1 YES 2 NO		HOSPITAL: 1 Inputient 2	ER/Outpatiant 3	□ DOA	OTHER		5 □ Ra	sidence	6 Oth	er (Specify)			
E	27. MANNER OF DEATH		28a. DATE OF (Month, Da		28b. TIM	_	28c. INJU	JRY AT			SCRIBE HOW IN	JURY OC	CURED	
BY	1 Natural 5 F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		M	_	ES 2	ON							
3 Suicide 4 Homicide 5 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, str building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation,								1		28f. LOC City	CATION (Street a or Town, State)	nd Number	or Rural F	loute Number,
7	29a. CERTIFIER (Check only	FYING PHYSIC	IAN: To the best of	ny knowledge, de	ath occum	d at the t	ime deta	and place	and due	to the co	uno(a) and man			
MO	one) 2 MEDIC	CAL EXAMINER	On the beals of ax	mination and/or i	nvestigatio	n, in my o	pinion, da	eth occur	ed at the	time, data	and place, and	dua to th	wd. B Causeis) and manner as stated.
U C	29b. SIGNATURE AND TITLE				-		1	29c. LICE						(Month, Day, Year)
0	Danie	10	Ban	neral,	0			カコ	7 4	19		ATO. SAT	7/e	-/9/
2	30. NAME AND ADDRESS OF	PERSON WHO		E OF DEATH (ITE	4 27) (Type,			1/ 5		91			(1)	110
	Daud C	· Ba	rues m				sak	R	1.5	wite	300 1	free	ana	6 md
	JUL 09		Julia De	vidson-Asi	rdelle									

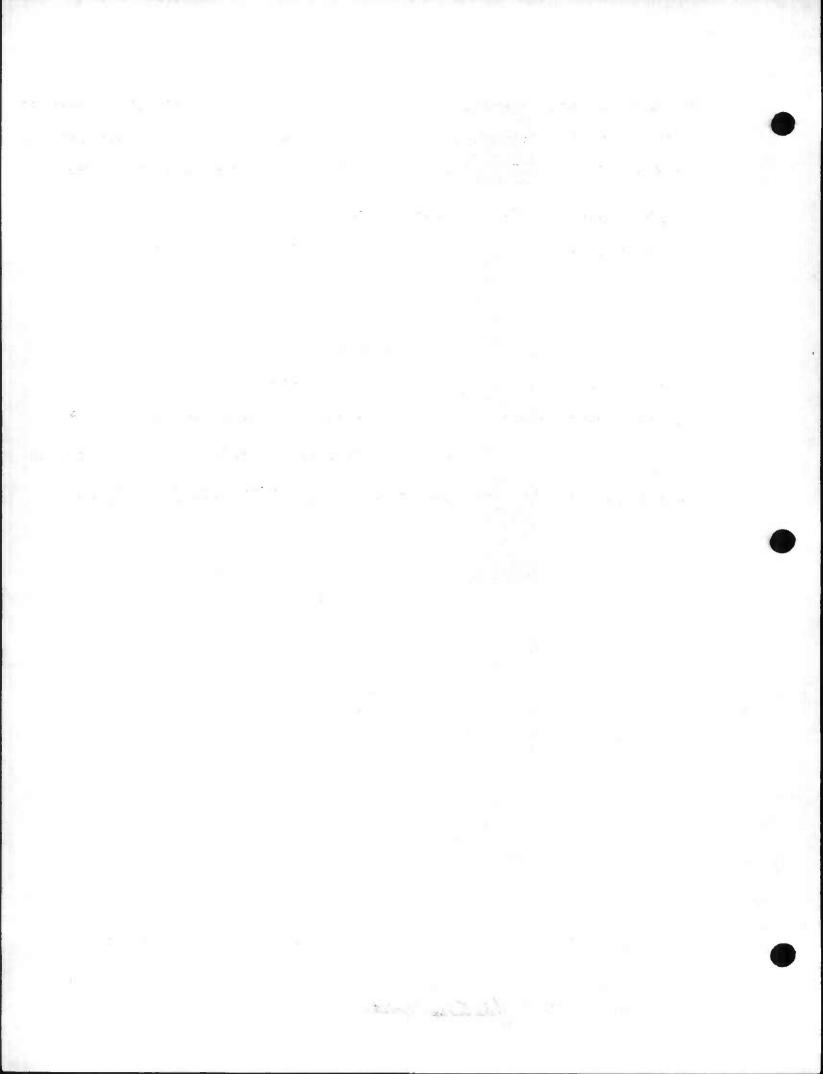
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Dete of Deeth Month **Physician** Christine Carrie Brubaker July 9, 1996 9:30 PM /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Anne Arundel Medical Center Annapolis Anne Arundel 7. Age (In yrs. last birthday) | If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) 5. Social Security Number Birthplece (State or Foreign Country) **Funeral** 1 M X XF 78 Yrs. Director Feb. 11, 1917 Maryland 216-03-2196 Usual Residence of Deceden permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: if item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, in Medical Examines must be nutried at ones. 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Anne Arundel Severna Park Direct 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 600 McKinsey Road Apt 304 21146 Funeral U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yes ※ No If Yes, Give Yeer or Dates: 1 Never Married X Married Baltimore, Maryland 21215-0020 1 Yes 2√No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker 12+ Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Edwin Howard Cluverius Lula Pole 2 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21146 19e. Informent's Neme/Reletionship (Type, Print) Mr. G.M. Brubaker 600 McKinsey Road Apt 304 Severna Pk, MD 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ② Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, MD Metro Crematory 7-12-1996 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Barranco & Sons Funeral Home 495 Ritchie Hwy. Sever 495 Ritchie Hwy. Severna Park, MD 21146 Approximete Intervel Between Onset end Deeth Physician Immediate Cause (Final disease or condition readiting in death) Right Introverbral Lemmorrhage /Medical 12 hours Examine Due to (or as a consequence of) physician and the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Lest Division of Vital Records, P.O. Box 68760. per (indemia Physician/Medical Due to (or es a consequence of) signed by the a d be detached i Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 ☐ Unknown À 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? certificata has b 1 ☐ Yes 2 FRo 1 ☐ Yes 2 2No or Attending Physician: 25. Wes case referred to medical examiner? funeral director, Be 26. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Department 2 ER/Outpetlent 3 DOA After this 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Neturel 5 Pending after death. 1 Yes 2 No 2 Accident investigetion 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 24 hours a Hospital 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier To the Hosp within 24 ho To the Fune completaly f (Check only 29b. Signature as 29c. License number 29d. Dete signed (Month, Day, Year) D32654 MD 30. Name and of person who completed cause of deeth (Item 23e) (Type, Print) Ritchie Highway, Arnold, MD 21012 P. Serlemitros 1509 John 32. Redistrer's Signature 31. Dete filed (Month, Dey, Year) State JUL 1 2 1996 Registrar

State of Maryland / Department of Health and Mental Hygiene

21527

						Cer	tificate	of E	Death			Reg. No.	20	Sea 1	0 5
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State of Maryland / Department of Health and Mental Hygiene

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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BOLTON, GLADYS 7-289 -93 -97

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Gladys Jeanette BOLTON 6:00 AM July 6. 1996 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 17127 Bakersville Rd. Boonsboro WASHINGTON 5. Social Security Number 7. Aga (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. | Months | Days | Hours | Min. 8. Date of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** 1□M 2XF 214-42-6327 Yrs Director 50 Mar.18,1946 Maryland Usuel Residence of Decadant death with the Maryland 10e Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits show 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at 1 ☐ Yas 2 🔀 No Directo Washington Boonsboro 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Coda 17127 Bakersville Rd. 21713 USA Funeral 12. Wes Decedent Ever in U.S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) Race - American Indian, Biack, White, etc. Eshould be filed within 72 hours after of and Mental Hygiene. 1 ☐ Never Merried 2 ☒ Married 1 ☐ Yas 2 No If Yas, Giva Maryland 21215-0020 1 ☐ Yas 2 No White Specify ģ 3 Widowed 4 Divorced Yeer or Datas Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elemantery/Secondary (0-12) Collega (1-4or 5+) U.S.Government Specialist 12 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) 0tis Winfield Watkins Marjorie Elizabeth Jolley 2 permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is m any injury or other treem once. 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 17127 Bakersville Rd. Boonsboro, MD 21713 H. Wayne Bolton Baltimore. 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stata Myersville, MD 21773 Mt.Zion UM Church Cem. July 10,1996 4 □ Donation 5 □ Other /Spec/ly 22. Name end Addrass of Fecility RICKETTS FUNERAL HOME P.O.BOx # 136 Myersville, MD 21773 If the disaase, or complications that caused the deeth. Do not antar the mode of dying, such es cerdiec or respiratory errest, Physician ormany Vascular Dislare Immediate Causa (Final diseesa or condition rasulting in daath) /Medical Examiner Dua to (or as a consequance of) ner that the death certificate be executed physician and the burial-transit Exami Sequentially list conditions, if eny, laading to immadiata causa. Entar Underlying Causa (Diseasa or Injury that initiated evants rasulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es a consequance of): ettending p ed by the detached Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 Yes 2 No 3 Probably Winknown ģ 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed certificate hes 2 No 1 Yes MINO To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, 25. Was casa rafarred to medical axaminer? Be 26. Placa of Death (Check only one) Hospital: 2 1 ☐ Yes 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Natural 2 ☐ Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At homa, ferm, street, factory, office building, atc. (Specify) 4 Homicida 29a. Certifiar 1 Certifying Physician: To the best of my knowledga, death occurred at tha tima, data and placa, and dua to tha causa(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner eteted. 29b. Signetura and title of certifian 54 30. Name and addrass of person who complated cause death (Item 23a) (Type, Print) WOLFE 600 N, ST BALTIMORE

State Registrar

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	Exami		4e. Fecility Neme (If not institution					4b. City, Town, o	r Location of Dea	th 4c. County	of Deeth	
			Washington C					Hager	stown	Washi	ngton	
	Funeral Director	P	5. Social Security Number 705–14–0217	6. Sex 1 ★ M 2 F 7.	. Age (In yrs. la 78	Yrs.	Months Days			ay, Year)	9. Birthplace (Country) Maryla	State or Foreign
	and w		Usual Residence of Decedent 10a. State 10b. County		10c. City,	Town or Lo	cation				10d. In:	side City Limits
	he Mary	Director	Maryland Wash	ington	Н	agers					1[☐ Yes 2 No
	with or	급					10f. Zip Code			10g. Citizen of V	Whet Country?	
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21215-0020	within 72 hours after death with the Maryland ans. then "natural", or items 23s or 28s-f show he Medical Exeminar must be notified as	by Funeral	1 Never Merried 2 Marr 3 Widowed 4 Divorcad	ied 1 Yes 2	es?	!	Vas Decedent of I f Yes, specify Cub I ☐ Yes 2∑ No	en, Mexican, Pue	erto Rican, etc.)		ck, White, etc.	леп,
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PL	off of the	Be	17. Father's Name (First, Middle,	Last)				18. Mother's Na	ame (First, Middle	e, Maiden Sumam		
19	Alenta Alenta rked rked	ToE	Elmer Percy Bad	chtell, Sr.				Elea	nor Nico	demus		
Maryland	2 should be filed withli and Mental Hygiana. Is marked other then surnatic event, the M	-	19a. Informant's Name/Relations			19b. Mailin	g Address (Street				State, Zip Code)
	l and laaith m 27 her tr		Norma S. Bachte		COL	ce of Dispo	33 Founta sitlon (Name of natory or other pla		Road H	agerstow 20c. Location -	n, Md. City or Town, S	21742 tate
Ĕ	Page nert o int: If i		1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Si		ate		own Crema		1996	Hagar	etour	Maryland
Baltimore,	permit. Pages Department of H Important: If ite any Injury or of		21. Signature of Funeral Service	()	4	22 N	Neme end Addre Iinnich I	ess of Fecility Funeral	Home			
68760,	Physician /Medical penace of a polysician up be provided and as the principle of the princi	Medical Examiner	Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	0.	Due to (or a	as a consequence of the conseque	uence of):	Cara	ion Vas	cula s	30	Mind Peath
Вох	death certifi e attending j ed for usa as	and		d		1	Jaroj				1 /	
	he att	slci	Part II. Other significant conditio	ns contributing to deat	h but not result	ting In the ur	derlying cause gi	ven In Part I.	23b. Dic	tobacco use co	ntribute to the c	ause of death?
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Vital		0	25. Was case referred to medical					26. Piace of De	eath (Check only			
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Division	or Attending I after death. Director: After d in by the funer	Certification:	1 Natural 5 Pending 2 Accident investig 3 Sulcide 6 Could r 4 Homlcide determine	not be 28e. Piaca of		Injury		Yes 2□No		(Street and Numb wn, State)	er or Rural Rout	e Number,
	Hospita 24 hours Funeral taly fille	edical Ce	29a. Certifier 1 Certifying (Check only 2 Medical I	g Physician: To the be Examiner: On the basis	s of examinatio	iedge, death on and/or inv	occurred at the tile	me, date and place	ca, and due to the curred at the time	cause(s) and ma date and place,	nner as stated. and due to the c	ause(s)
	Volthin 2 To the compla	N N	29b. Signature and title of certifler	1)	- Season Marie		29c. Licens	se number		29d. Date signe	d (Month. Day V	(ear)
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_			C. Su M. D	370	Mill.	St.		stown,	md.	21740		4
	Sta	te	31. Dete flied (Month, Dey, Year)	32. Regi	istrer's Signatu	ire	/	,				

DHMH 16 Rav 6/95



DIVISION OF VITAL RECORDS, P.O. BOX 88700 BALTIMORE, MARTLAND ZIZIS-0020 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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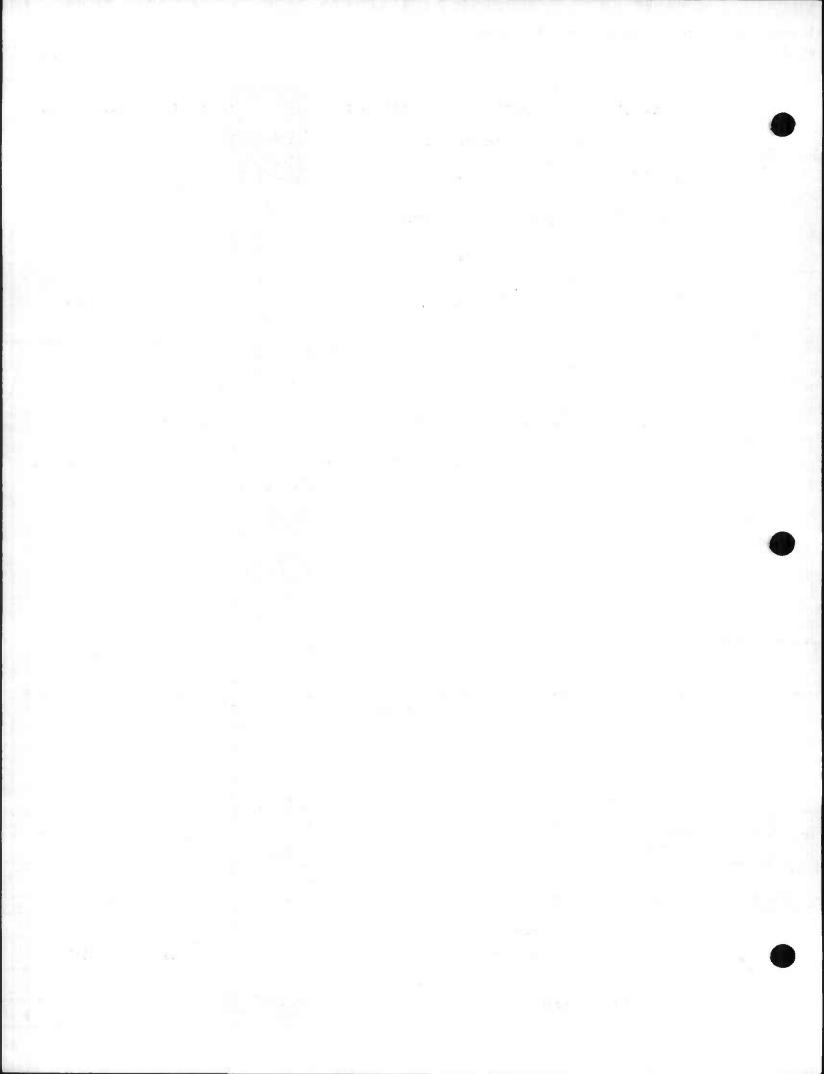
	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Kathleen Mae I	Brant		July 7 19	96 [*]	3. TIME OF DEATH 12:35PM	М			
	213-22-3130	M 2 F	yrs. lest birtndey)	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Yber) May 14 19	808	BIRTNPLACE (State or Foreign Country) WV			
LOR	9a. FACILITY NAME (If not institution, give street 1819 Fredrick St			Cumber]	and	АТН	9c. COUNTY	egany		
DIRECTOR	100. STATE 100. COUNTY MD Allec	any		mberland			10d. INSIDE CITY LIMITS? 1 1 1 1 1 1 1 1 1 1 1 1 1			
FUNERAL	100. STREET AND NUMBER 1819 Frederick St			101	ZIP CODE 21502		10g, CITIZEN OF WHAT COUNTRY? USA			
BY		. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	It yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	Yee or No— 14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED			(Give kind of ville. Do NOT us			16b. KIND OF BUSINESS/INDUSTRY Cafeteria				
MP	12 17. FATNER'S NAME (First, Middle, Last)		Retir	ea	18 MOTNED'S NA	ME (First, Middle, Maiden			\dashv	
						ence (nmn)	Sumeme)			
R	George Cochran 196. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street e		Route Number, City or Town	n. State. Zip Co	ide)		
2	Eugene L. Brant					; Cumberla				
	20s. METNOO OF DISPOSITION 1X Burlel 2 Cremetion 3 Removal	20b.		OF DISPOSITION (Na				y or Town, State		
	1 N Buriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	from State ceme	etery, cremetory or of Hillcres	ther piece)	al Park	07/09 C	umberl	and, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	IEE /	,/	22. NAME A	ID ADDRESS OF FA	CILITY		4		
	· Janos)	XIca	pll	Cumb	erland,					
	23. PART / Entire the diseases, or com ahock, or haart failura. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Pulmonary DUE TO (OR AS A	embolis	m F):				Intarval Between Onset and Dea	nth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):		the blad	der	na of 11 days		
CE	a									
PHYSICIAN: MEDICAL	PART II. Other significent conditions of					PERFOR	IMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO	70	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLACE OF DEA	TN (Check only one) OTHER:						
YSI	YES 2 NO 1	☐ Inpetient 2 ☐ ER/Outp		4 - Nursing Non		8 D Other (Specify)				
ву РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY WO	URY AT DRK? YES 2 NO	28d, DEŞCRIBE NOW I	NJURY OCCUI	RED		
ED	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, tarm,	street, factory, offic	•	28t, LOCATION (Street City or Town, State)	and Number or	Rural Route Number,		
COMPLET	CONSUN OTHY	N: To the beat of my knowl						ceuse(e) end manner ee stated.		
8	BIGHATURE AND TITLE OF CERTIFIER		pty Med	ex	D 091	MBER 57	≥ Jul	SIGNED (Month, Day, Year) y 7 1996		
10	Paul Snow, M.D.	124 w 3rd	st Cumb		02					
	31. DATE FILED (Month, Day, Year) JUL 0 9 1996	Jahr Dawdian	-hardall							

the company of the formation of the contract o

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

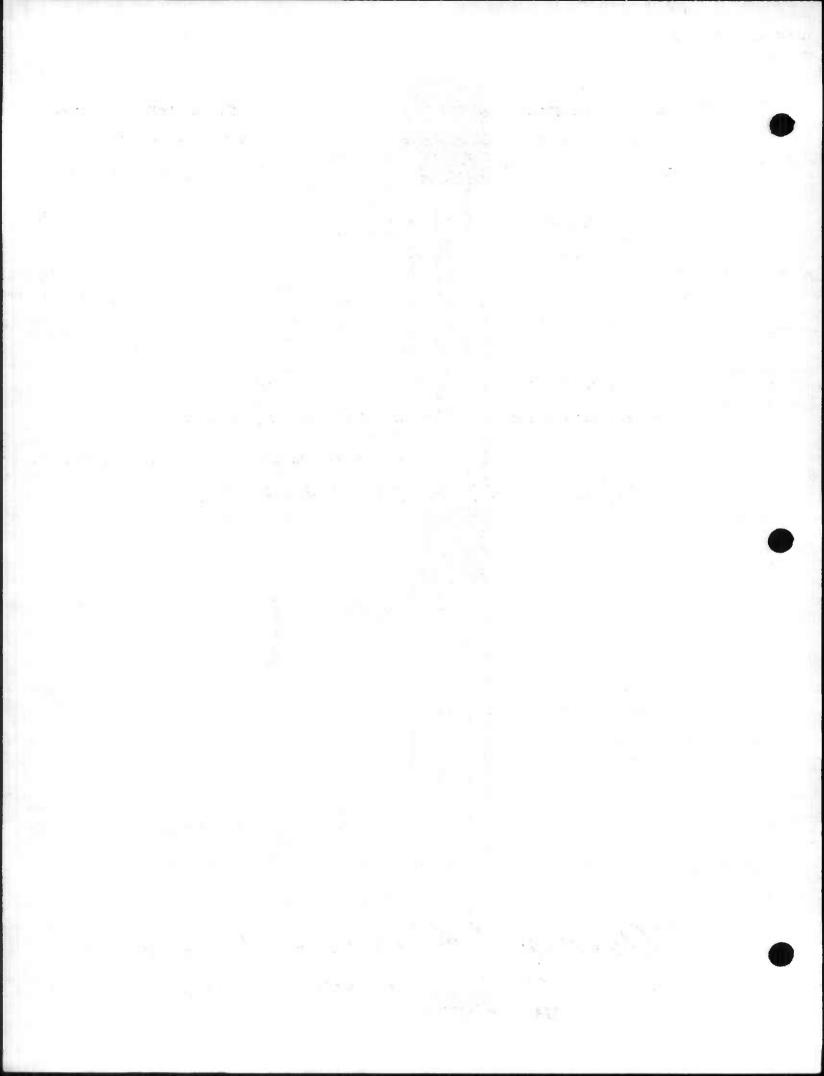
State of Maryland / Department of Health and Mental Hygiene 9 6

				Cer	tificate of	Dealli	R	eg. No.				
Dhuala		1. Decedent's Nema (First, Middle, L	nst)				2. Date of Dee Month		3. Tima of Deetl			
Physici /Media		CHARLES	JAMES	BUCI	KHOLTZ		JULY 08 1996					
Examir		4e. Fecility Neme (If not institution, gi	ve street end number)				Location of Death	4c. County o	f Death			
Funeral			n7 Hospi Sex 7. Aga (In yrs. 1 MM 2 F	last birthday)	If Under 1 Yea Months Deys	CUMBER I Undar 24 Hrs Hours Min	8. Date of Birth	Year)	Birthplece (Steta or Fore Country)			
Director		Usuel Residence of Decedent		Yrs.			April 1	7, 1930	Maryland			
8a-f show	Director	10a. Stete 10b. County Maryland Alleg		ty, Town or Loc	oning	•			10d. Inside City Llm			
23a or 2 ust be n	rai Dire	10a. Street end Number 18 Dudley	Terroce		10f. Zip Coda	539	1	0g. Citizen of WI				
natural, or Itama 23a or 28a-f show deal Examiner must be nothled at	by Funeral	11. Marital Stetus 1 □ Nevar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedant Evar in U Armed Forcas? 1 18 Yas 2 No If Yes, Give Yeer or Detes: // // // // // // // // // // // // //		Ves Decedent of Yes, specify Cu	Hispanic Origin? (S ben, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)	14. Reca Bieck Specify:	- American Indian, , White, etc. White			
natur	eted	15. Decedent's E (Specify only highest gi	ducation rade completed)	(Give k	ent's Usuei Occi	e during most of wo	orking	16b. Kind of Bus	iness/Industry			
Hygiene. ther than "natural", ent, the Medical Ero	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)	Pap	ONOT use retir	inder		/	& balber			
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th end Mental I	2	19e. Informent's Neme/Rejetionship		19b. Maliine	Address (Stree	et end Number or R			State. Zip Code)			
27 is		Norma Buc	1 4						Md. 2/53 City or Town, State			
ent of Heaith nt: If item 27 ry or other tr		20a, Method of Disposition 1 Buriai 2 Cremetion 3 4 Donetion 5 Othar (Spec	□Removel from State	Pieca of Dispos camalary, cram	etion (Neme of etory or other pl	(Puton)	Data 7-12-96	20c. Location - C	city or Town, State			
Department of Himportant: If ite any injury or of once.		21. Signeture of Funerei Sarvice Lice	ensee	22.	ichhorn	rass of Facility - MCKPW:	rie Funt	oral Ho	41e-8 East			
nysician		23a. Part1. Enter the diseese, or cor shock, or heert feilure. List only		th. Do not ante	or the mode of dy	T, Lowac ring, such as cardia	c or raspiratory em	MJ, Z	Approximate Interval Between Onsat and Deeth			
Medical xaminer		immediate Cause (Fine) disease or condition resulting in deeth)	e. HEATT	or es e consequ	Ma				4415			
and I-transit	Examiner	Sequantially list conditions, if any, leeding to immediate	b. Pyelon Due to (chalh:	uance of):	septices	nia.		4415 14 fay.			
ding physician and se as the buriel-transit	Medical	cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Lest	c. METas Dua to (d	TATIO	ienca oi):	te Disc	asc.		3 MWT/K			
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igned by the a	y Physician	Fait ii. Other significant conditions	contributing to death but not ra-	suiting in tha un	denying cause g	iven in Pen I.	23b. Did tobacco usa contribute to the cause o					
been sign should be	sted by						24e. Wes en eutopsy performed? 24b. Were eutopsy findir available prior to completion of cause of deeth?					
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hes ge 2	Completed						1□ Y	es 2 No	1 Yes 2 No			
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h. After this certificate hes funeral director, page 2	To Be	axaminer? 1 Yes 2 No 27. Menner of Deeth 1 Maturel 5 Pending	28a. Dete oi Injury (Month, Dey Year)	ER/Outpatient 28b. Time of Injury	28c. Inj	ther: 4 Nursing	eth (Check only or Home 5 Resid	10)	r (Specify)			
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State of Maryland / Department of Health and Mental Hygiene 96 21534

						C	ertificate	of	Death			Reg. No.		
			1. Decedent'a Name (First, Middle,	Last)		311					2. Dete of De	eth		3. Time of Death
	Physic /Medi		MARY CATHER	TNE	воотн						JULY 8	Day 3. 199	Year 6	1959
	Exami		4e. Facility Name (If not institution,						4b. City, Tov	vn, or L	ocation of Deat		unty of Death	1,737
	Exami		SACRED HEART	HOSPITA	AL				CUMI	BERI	AND	ALLE	GANY	
	Funeral		5. Sociel Security Number 6	. Sex	7. Age (In y	rs. last birthda) If Under 1				8. Date of Bir (Month, Da			placa (State or Foreign
	Director		214 07 6349	1 ☐ M 2 ☐ XF	78	Yrs.	Months	Days	Hours	Min.	JULY 23	<i>y, Year)</i>	7 MARY	ntry) T.AND
Н			Usual Residence of Decedent								OUDI Z.	, 1)1	/ IIIIII	LAND
	show		10a. State 10b. County		10c.	City, Town or	Location							10d. Inside City Limits
	Mar Mar	to	MARYLAND ALLEGA	NV	F	ROSTBUE	2C							1 ☐ Yes 2X No
	r 28	Director	10e. Street and Number				10f. Zip C	Code				10g. Citizer	of Whet Cou	ntry?
	3a o		15510 COON CLUB	ROAD. SI	W		2	153	3.2			U.S.		
	ms 2	Funeral	11. Maritai Status	12. Was Dec	edent Ever in	U,S. 13				jin? (Sp	ecify Yes or No Rican, etc.)		Raca - Ameri	can Indien,
0	r He	Fu	1 ☐ Never Married 2 ☐ Married	Armed Fo	2 X No					, Puerto	Rican, etc.)		Black, White,	etc.
21215-0020	s within 72 hours efter death with the Maryland ilene. Than "natural", or Hems 23a or 28a-f show the Medical Examiner must be notified at	by	3 Widowed 4 □ Divorced	If Yes, Gi Year or D	ive Dates:		1 ☐ Yes 2	Mo K	Specify:			Sp	ecity: WH	ITE
9	2 ho	Completed	15. Decedent's	Education		16a. Dec	adent's Usuai	Occup	pation			16b. Kind	of Business/Ir	
218	G 3	pie	(Specify only highest (Elementary/Secondary (0-12)	(College ((Gh	e kind of work DO NOT use	done retire	during most d)	of work	ing			
21	filed with Hygiene. ther than	E	3	College (1-401 547	HOUSE	WIFE					0	WN HOM	E
D		Bec	17. Father's Name (First, Middle, La	st)					18. Mother	r's Nam	e (First, Middle			
2		To B	JOHN P. GRA	CIE					FR	ANCE	ES HENL	ENE		
Maryland	S D E E		19a. Informant's Neme/Relationship	(Type, Print)		19b. Ma	iling Address (Street	end Numbe	r or Rur	al Route Numb	er, City or To	own, State, Zij	Code)
			WILSON BOOTH	/ SON		P. O.	BOX 9	7,	ECKHA	RT,	MD 2152	28		
Baltimore,	f Heel fam 2 other		20a. Method of Disposition			. Placa of Dis	position (Neme	of			Dete	20c. Locat	lon - City or T	own, State
E C	Pages mit: If its iry or of		1 ☑ Buriai 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spe				AP VETE			17	7/11/06	CIMBE	מוא זק	MD 21502
			21. Signature of Punggal Service Lic	• •	A		22, Name and				/11/90	COMBE	KLAND,	FID 21302
Ba	Departr Departr Importr eny init		VV-1	Ma	16		OUEDC	TELLE	TEDAT I	ILOME	r D A			
			23e. Part / Enter the disease, or co shock, or heart failure. List on	///·×	Dow	es	O W. M	AIN	ST	FRO	STBURG	MD 2	1532	Approximate
4	/Medical Examiner	Examiner	Immediate Cause (Final disease or condition resulting in death)	а. <i>ДС</i>	Due to	(or as a cons	equence of):	ν(,	RL	M	VFAR	0710		CWE THEIR
Ć	axec n en ial-tr	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury		D09 (0	(or as a cons	equence or).						1	
68760,	certificate be axecuted iding physicien end ise as the burial-transit	/Medicai	Cause (Disease or Injury thet initiated events resulting in death) Last	C	Due to	(or as a conse	equenca of):							
×		2		d									<u> </u>	
. Bo	that the death of the by the attention detached for u	Physician	Part II. Other eignificant conditions	contributing to d	leath but not r	esulting in the	underlying cal	ise oh	ven in Part I		23h Did	tobacco us	e contribute t	o the cause of death?
P.0	by th	hys	Dec 11-27	-) ~	oraning in ano	ondonying out	acc give	VOIT WIT WILL			Yee 2		
	signed be del	by P	RESPIRATOR H	BILUK	E .							100 100		× Common of the
Records,	s been 2 shoul	Completed t	CHRONIC U	BSTRU	CTIVE	= (t4	LHOUS	RY	PIS	AS	24ā. Was perfo	an autopsy rmed?	av cc	dere eutopay findings vallable prior to ompletion of cause death?
	0 - 5	E O									10	Yes 2801	No 1	□Yea 22 No
Vital	ician: The certificate rector, pag	Bec	25. Was case referred to medical						26. Place	of Deat	h (Check only o	one)		
>	Physician: this certific ral director,	To	examiner? 1 ☐ Yes 20 No	Hospital:	Inpatient 2	☐ ER/Outpati	enf 3 DOA	Oth	100		me 5 Resi		Other (Speci	fv)
Jot	g Ph er thi		27. Manner of Death	28a. Date	4	28b. Time		c. Inju			28d. Describe			
Ö	Attending For death.	atio	1 Nefural 5 Pending 2 Accident investigat		in, Day roar,	Injury	М		Yes 2□N	10				
Division	or Attend efter death Director: / d in by the f	ti tic	3 ☐ Suicide 6 ☐ Could not determine	be 28e. Place	a of Injury - At	home, farm, s	treet, factory,	office			28f. Location (City or To		lumber or Rur	al Route Number,
Ö	s efter	Certification:		Dona	ing, etc. (ope	City					Only or To	wii, Olaloj		
	To the Hospital or Attending Physicien: Within 24 hours effer death. To the Funeral Director: After this certific completely filled in by the funeral director.	edical	29a. Certifier Certifying F	Phyalcian: To the aminer: On the bend man	best of my k esis of exami ner stated.	nowledge, dea	ith occurred et nvestigation, in	the tir	me, date and opinion, deet	place, h occurr	end due to the red af the time,	cause(s) en date and pia	d menner as s aca, and due I	eteted. o the cause(s)
	withi To th	ž	29b. Signature and title of certifier	1	0	/	29c. l	Licens	se number	3,		29d. Dete s	igned (Month,	Day, Year)
	3		Margelle	ugun	19	7. Very	2 T)	244	5		JULY O	2 10	06
,	10.10	1	30. Name and address of person wh	completed caus	se of deeth /It	em 23a) (Tvo	o, Print)		- / / /	_/		JULY ()	o , 19	90
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	Sta	te	31. Dete filed (Month, Day, Year)	33/5	polistrate's Sib	nature A	le.	1 4	uce.		o s r out	01"	10	100
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State of Maryland / Department of Health and Mental Hygiene 96

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an al er	Decedent's Neme (First, Midd WILLIAM 4e. Facility Neme (If not institution)	G.		CAF	RDWELL			2. Dete of Dec Month JUNE 25	Dey	Yeer	3. Time	of Death
al				CAF	RDWELL					1001	0 15	
	4e. Facility Neme (If not institution	n nive street and nu							2000		8:15	PM
		in, gire street and me	ımber)			4b. City, To	wn, or L	ocation of Deeth	4c. County	of Deeth		
	SALISBURY CENTE	R:GENESIS	ELDERO	CARE		SALIS	BURY	MD.	WICOM	IICO		
	5. Social Security Number	6. Sex		. last birthday)	If Under 1 Yea	r If Under:	24 Hrs.		h	9. Bjrth	plece (Stete	or Foreign
	171-10-5516	1 X M 2□ F		(In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. 9CT . 25, 1918				PEN	NSYLVA	NIA		
	Usual Residence of Decedent											
	10a. Stete 10b. County	1	10c. C	ity, Town or Lo	cation						10d. Inside (Dity Limits
tor	MARYLAND WORCI	ESTER		BISHOPV	ILLE						1 ☒ Ye	s 2 No
rec	10e. Street end Number				10f. Zip Code				10g. Citizen of	What Cou	ntry?	
	12220 DATCUEDV	DOVD			2181	3			IISA			
era		12. Wes Dec	edent Ever in I	U.S. 13. V			gin? (Sp	ecify Yes or No-			can Indien.	
Ē	1 Never Married 2 1 X Mer	Armed Fo	orces? 200 No				, Puerto	Rican, efc.)	Ble	ck, White,	etc.	
	3 ☐ Widowed 4 ☐ Divorced	If Yes, Gi	ive	1	∏Yes 22No	Specify:			Specif	: WH	ITE	
	15. Deceder	nt's Educetion		16e. Deced	lenf's Usuel Occi	petion			16b. Kind of B	usiness/in	duetry	
plet	(Specify only highe	st grade completed)		(Give	kind of work don OO NOT use retir	e during most ed)	of work	ing			,	
E	Elementery/Secondery (0-12)	College (1-40(5+)	COST	ENGINE	ER			PETROL	EUM		
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B	DODEDE CADDITEL	г				MADV	MTE	HOUSE		,		
Ĕ				10h Mailin	a Address (Stra				c City of Town	State 7	n Code)	
											,	212
		PP / MILE	20h		70000	KI KUA	Д, Г					71.3
	The state of the s	3 Removel from		cemetery, cren	netory or other pi	eca)	- 1	200				
	4 Donetion 5 Other (5	Specify)	SA	LISBURY	CREMAT	ORY	6,	/26/96	SALISBUI	RY, M	IARYLA	ND
	21. Signature of Funerel Servica	Licansee		22	. Neme end Add	ress of Fecilit	У					
	Laufer	W Has	-	HA	ASTINGS	FUNERA	L HO	OME, SEL	BYVILLE	E, DE	. 199	75
	23e. Pert1. Enter the disease, or	r complications that	caused the dea	th. Do not ente	er the mode of dy	ring, such es	cardiec	or respiretory er	rest,		Approxime	efe
	onoon, or moore ranges. Clos	-								1	Onset end	Deeth
	Immediate Ceuse (Final	Pa	in :	In il.	00						1 1110	AR
	resulting in deeth)	e. 1021	Dunta	10000	uonna of):						-17	70
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	25. Wes case referred to medica	l				26. Place	of Deat	h (Check only o	ne)			
0	1 Yes 2€ No	Hospitel: 1	Inpatient 2	BR/Outpatien	t 3 DOA	ther: 46 NO	rsing Ho	me 5 Resid	lenca 6 🗆 Oth	er (Speci	(ty)	
	27. Manner of Death		of Injury	28b. Time of	28c. Inj					red		
atic		19	iii, Doy 1001)	Injury			No					
Iffe	datam	nined 289. Place	of Injury - At I	nome, farm, sfre	ef, factory, office		1			er or Rur	al Route Nu	m <i>ber</i> ,
en	4 Homicide	Duild	ing, etc. (Spec	ny)				City or Ton	m, State)			
- 1	29e. Certifier	ng Physicien: To the	best of my kn	owledge, deeth	occurred et the	ime, dete en	d plece.	end due to the	euse(s) end me	enner es s	steted.	
용	(Check only 2 Medical one)	Examiner: On the b	asis of exemin	etion end/or Inv	estigation, in my	oplnion, deet	th occur	red at the time,	date end pleca,	and due t	o the ceuse	(s)
M	29b. Signeture end title of certifie	r			29c. Licer	se number			29d. Date signe	d (Month,	Dey, Year)	
- 1		10-1	/ -		D-39	2012			11-	6/	9/2	
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0	ou (0				_			-			
0	30. Name end eddress of person	who completed caus	se of deeth (Ite	m 23e) (Type, F	Print)							
	edical Certification: T	Usuel Residence of Decedent 10a. Stete 10b. County MARYLAND WORC 10e. Street end Number 13339 HATCHERY 11. Maritel Status 1 Never Married 2 Merical 3 Widowed 4 Divorced (Specify only highe Elementery/Secondery (0-12) 17. Fether'e Neme (First, Middle, ROBERT CARDWEL 19e. Informent's Name/Reletions JANE H. CARDWE 20e. Method of Disposition 1 Buriel 2 Mcremetion 4 Donetion 5 Other (S 21. Signatur of Funeral Servica 23e. Pert1 Enter the disease, o shock, or heert failure. List Immediate Ceuse (Finel disease or condition resulting in deeth) 25. Wes case referred to medica cause. Enter Underlying Ceuse (Disease or injury fiel Initiated events resulting in deeth) Lest 25. Wes case referred to medica sure presented to medica sure presented to medica cause. Enter Underlying Ceuse (Disease or injury fiel Initiated events resulting in deeth) Lest 27. Magner of Death 1 Maturel 2 Accident 3 Suicide 4 Homloide 29e. Certifier (Check only one) 29e. Certifier 29e. Medical	Usuel Residence of Decedent 10a. Stete 10b. County MARYLAND WORCESTER 10e. Street end Number 13339 HATCHERY ROAD 11. Maritel Status 1 Never Married 2 Merried 3 Widowed 4 Divorced Felementery/Secondery (0-12) 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) 7. Fether'e Neme (First, Middle, Last) ROBERT CARDWELL 19e. Informent's Name/Reletionship (Type, Print) JANE H. CARDWELL / WIFE 20e. Method of Disposition 1 Buriel 2 Micrometion 3 Removel from 4 Donetion 5 Other (Specify) 21. Signatured Furerel Servica Licansee 23e. Pent Enter the disease, or complications thetather shock, or heert failure. List only one ceuse on the disease or condition resulting in deeth) 23e. Pent Servica Licansee 25e. Pent Servica Licansee 25e. Pent Servica Licansee 25e. Ves case referred to medical exase. Enter Underlying Ceuse (Disease or injury the Initiated events resulting in deeth) Lest 25. Wes case referred to medical examiner sulting in deeth) Lest 25. Wes case referred to medical examiner sulting in deeth) Lest 27. Magner of Death 1 Maturel 1 Maturel 2 Accident 3 Souch 4 Hospitel: 1 Maturel 2 Accident 3 Souch 4 Medical Examiner: On the bend medical examiner on the	Usuel Residence of Decedent 10a. Stete 10b. County MARYLAND WORCESTER 10c. Co MARYLAND WORCESTER 10b. Street end Number 13339 HATCHERY ROAD 11. Maritel Status 1	Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Lo	T11-10-5516 T00. County Toc. City, Town or Location	Till Till	Till Till	Usual Readence of Decedent 106, Coley 106, City, Town or Location 108, Steret and Number 109, Steret and Number	Usual Residence of Decoderate 10s. County 10s. City, Town or Location MARYLAND WORCESTER BISHOPVILLE 10g. City, Town or Location MARYLAND WORCESTER BISHOPVILLE 10g. City, Town or Location MARYLAND WORCESTER BISHOPVILLE 12813 USA 11s. Martel Status 12 - Was Depodent Extra 12 - Was Depodent Extra 12 - Was Depodent Extra 12 - Was Depodent of Hispanic Origin? (Specify Yes or No-Introduction 11s. Martel Status 12 - Was Depodent Extra 12 - Was Depodent 12 - Was Depodent of Hispanic Origin? (Specify Yes or No-Introduction 12 - Was Depodent 12 - Was Depo	Description Topic Step Topic Topic	Top Since and Number Top Color Top T

JUN 281996

18 A - W N .

1996

9c. COUNTY OF DEATH

3. TIME OF DEATN

10d. INSIDE CITY 1 YES 2XXNO

Approximate

24b. WERE AUTOPSY FINDINGS

AWAILABLE PRIOR TO

1 TYES 2 T NO

29d. DATE SIGNED (Month, Day,

MO20

COMPLETION OF CAUSE

Interval Between

Onset and Death

t4. RACE — American Indian, Black, White, atc.

P

8:03

8. BIRTHPLACE (State or Foreign

Phil. Pa.

Prince George's

10g. CITIZEN OF WHAT COUNTRY?

Specify: White

United States

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

68760,
ВОХ
P.O.
RECORDS,
OF VITAL
DIVISION

2. DATE OF DEATH DAY 07 01 Anthony Celia A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 - F Sept 4, 1916 577-16-3003 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Villa Rosa Nursing Home Mitcheville 10b. COUNTY toc. CITY, TOWN OR LOCATION Maryland Prince George's Riverdale permit. FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE use as the burlaf-transit 20737 6328 Patterson Street 24 hours after death, Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES 2 NO IF YES, GIVE WAR OR DATES ti. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 Nec/fy: t Never Married 2 Married BY XX Widowed 4 Divorced WWII 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) N/A funeral director, page 5 should be detached for Elementary/Secondary (0-12) 12 Auto Mechanic D.C. Government 17. FATNER'S NAME (First, Middle, Last) ts. MOTHER'S NAME (First, Middle, Maiden Surname) to Marianna Paravati Antonio Celia BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5407 Auth Road, Camp Springs, Maryland 20746-4320 John Celia Pe 20e METHOD OF DISPOSITION

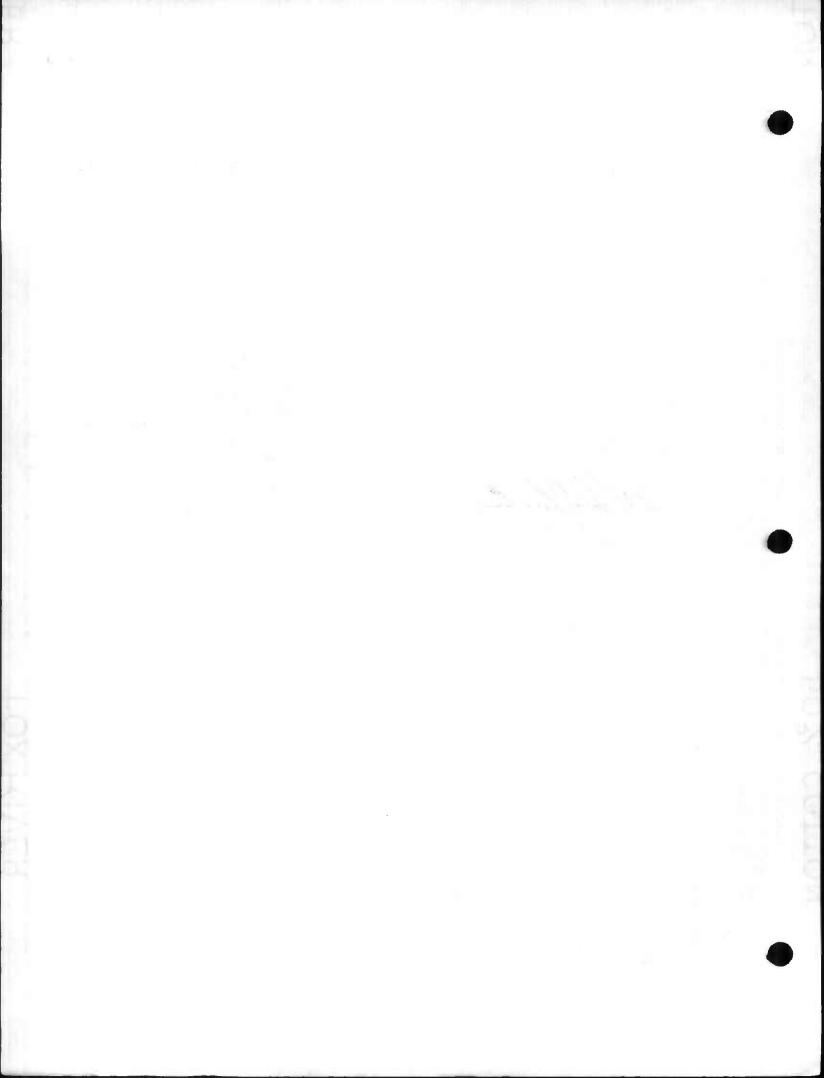
TAX Burlal 2 Cremation 3 Ren

Taylor Donation 5 Other (Specify) 206. PLACE AND DATE OF DISPOSITION (Name July 5 part 99%. LOCATION - City or Town, State must Maryland Veterans Cemetery Cheltenham, Maryland 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc 6633 examiner 21. SIGNATURE OF FUNERAL SERVICE LICI Old Alexandria Ferry Road, Clinton, Md filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line. 0 IMMEDIATE CAUSE (Final nding physician and completely fille Hyglene prior to burial, cremation, the disease or condition resulting in death) within event. DUE TO (ON AS A CONSEQUENCE OF): ine traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING signed by the attending physician Health and Mental Hyglene prior to C CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL PERFORMED? any 1 YES 2 NO 23 shows certificate has been h the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATN (Check only one) llem men HOSPITAL:
t | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: ng Home 5 - Residence 8 - Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED this c. marked, 1 Natural 5 Pending investigation 1 YES 2 NO BY The Hospital or attending P The Funeral Director: After 11 filed within 72 hours after death v 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town State) 8 Could not be determined COMPLETED 4 Nomicide 28 Item 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL (De filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or restigation. In my coinion, death occured at the time, data and place, and due to the cause(s) and manner as stated 296. SIGNATURE AND TITLE OF CERTIFIEF 29c. LICENSE NUMBER BE 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 14300 GALLANTFOXLN, BOWLE RO A MO 32. ADGISTRAD'S SIGNATURE
Julia Dawsten Randall

STATE DF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



State of Maryland / Department of Health and Mental Hygiene 96

					Cei	tificate of	f Death			Reg. No.		Simb E	00.	
Dhy	sician	1. Decedant's Name (First, Middla, L	ast)				100	2. Defe of D	eeth Day	Year	3. T	ima of Death		
	edical	ROBERT LAWRE	NCE	COL	JCH				JULY	8, 199		12	:50 PM	
	miner	4e. Facility Nama (If not institution, g	iva s <i>treet</i> end nu	mber)			4b. City, To	wn, or Lo	ocation of Dea	th 4c. Co	unty of Dea	th		
	10	53 FOREST PLACE					HUGHE				ARLES			
Fune Direct		5. Sociel Sacurity Number 6. 231-46-5310 Usual Residence of Dacedant	Sax 1∭M 2□F	7. Aga (In yrs. las 59	t birthday) Yrs.	Months Dey		Min.	6. Deta of Bi (Month, D JUNE 1	th ay, Year) 193	C(thplaca (S RGINI	Stata or Foreig	
/and		10a. State 10b. County		10c. City, T	Town or Lo	cation						10d. ins	sida City Limit	
the Man 28a-f sh	Director	MARYLAND CHARL 10e. Streef and Number	ES	ни	GHESV	ILLE 10f. Zip Code				10g. Citizer	of What Co]Yas 2∭ No	
with with	ō					206				U.S		, and the		
death	Funeral	11. Marital Status		edent Ever in U,S.	13. \	Wes Decedent of	Hispanic Ori	igln? (Spe	ecify Yes or N		Race - Ame	orican Ind	len,	
21215-0020 d within 72 hours after death with the Maryland giene. the "natural", or frems 23s or 28s-f show the Modell and the property of the	by Fur	3 □ Widowed 4 □ Divorced	Armed Fo 1 ☐ Yas If Yas, Gir Yaar or D	2 X No	1	f Yes, specify Cu 1 □ Yas 2 💢 No			Rican, atc.)	Sp	Black, Whit			
5-0 72 ho	Completed	15. Decedent's I		1	16a. Deced	iant's Usual Occ	upation	a of works	ina	16b. Kind	of Businass			
and 21215-0 be filed within 72 ho ttal Hygiene. d other than "natur	ple	(Specify only highast g	Collega (1	-4or 5+)	lifa. L	kind of work don DO NOT usa retii	a during mos red)	t or worki	ing					
	် ပ		2	0	WNER/	OPERATO			CTION	GENE		ONSTE	TRUTION	
Maryland d 2 should be file th and Mental Hy 7.7 is marked othe treumstic event	B	17. Fathara Nama (First, Middla, Las	t)						a (First, Middle		meme)			
arylar should b nd Ments marked	2								ER E. PHILLIPS					
Mar 12 sho h and r ls m		19a. Informant's Name/Reletionship			19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip									
Heal Heal		GRACE I COUCH/SP 20a. Mathod of Disposition	OUSE				ACE HU	GHES	ESVILLE, MARYLAND 20637 Data 20c. Location - City or Town, Stata				ete	
Baltimore, Department of Hea mportant: if Nem; any injury or othe		1 Duriei 2 □ Cramation 3 □ Ramovel from Steta												
Iting it. Pa rtmer rtent:		4 Donation 5 Other (Spacify) TRINITY MEMORIAL GARDENS JULY 12 WALDORF, N 21. Signature of Funday Service According											AND	
Baltimol permit. Pages Department of Important: If It any Injury or or	OUCO	21. Signature of Fundat Service Scenario Service Service Scenario Service Service Scenario												
		BENJAMIN M. MATHEWS M-000658 P.O. BOX 156 WALDORF, MARYLAND 200 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.												
Physicia /Medic Examin	al	Immedieta Causa (Final disease or condition											al Between t and Death	
LAGINI		rasulting in death) Due to (or es e consequance of):												
be ta	Examiner	. Diabeter Melitan												
sand al-trar	Xar	Sequentially list conditions, Dua to (or as a consequance of): If any, leading to immadists												
Box 68760, leath certificate be executed attending physician and of for use as the burial-transit	leg E													
687	edical	that initiated events rasulting in deeth) Last Dua fo (or es e consequence of):										1		
OX Ox onding	Z	d												
P.O. BOX that the death cert ed by the attendin detached for use	100	Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.								I tobacco us	e contribute	a to the c	suse of death	
O. the day the by the lached	hys	S S S S S S S S S S S S S S S S S S S	outinouting to de	out but not radden	ig in the di	idenying occuse §	givon ii i aici			Yes 201		robably	4 □ Unknow	
	by F									, , , , ,				
Cords v requires been sign should be										s an eutopsy ormed?	24b.	Wara aut	opsy findings	
Na We	Completed								por				on of cause	
	, E								10	Yas 201	10	1 🗆 Yes	2 No	
Vital liclen: The certificate rector, pag	Be	25. Was casa rafarred to medical					26. Piece	a of Death	(Check only	-				
of Vita Physician: this certific	10	examinar?	Hospital: 1 🗆 I	npatient 2 ER	VOutpatian	t 3 DOA	other: 4 Nu	ursing Ho	ma # Ras	idance 6 [Othar (Spe	city)		
Division of Vital or Attending Physician: Taffar death. Director: After this certificat in by the funeral director, p		27. Manner of Death 1 ☑ Natural 5 ☐ Pending 2 ☐ Accidant investigation		of injury h, Day Year)	3b. Tima of Injury	W	uryat ork? □Yas 2□	1	28d. Dascribe	how injury o	ccurred			
Division of attending after death. Director: After d in by the fune	Certification:	3 Sulcida 6 Could not be datarmined 28e. Piece of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or City or Town, Stata)								lumber or R	ural Route	Number,		
Division To the Hospital or Attending B within 24 hours after death. To the Funeral Director: After completaly filled in by the funer	edical C												lusa(s)	
To the rithing to the comp	Me	29b. Signatura and titla of certifiar				29c. Lice	nsa number			29d. Data s	Igned (Mon	th, Day, Y	ear)	
		1	N	MICHAEL S	IDARO	ous n/	cs 24	55			7-9	-9	6	
7		30. Nama end addrass of person who				Print)	,,,,				, ,			
		11-4 11 1	gston	R1#	101	Print) Ft. W)ashi a	nto	n	A. 2	0741	4		
	State	31. Deta filed (Month, Day, Year)		egistrar's Signatura			O[III	310	11	. O				

Jalin Dewolson Rarball

DHMH 16 Rav 6/95

Registrar

· agér Post water 1997

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the flower after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		C	ERITE	CALE	UF	DEATH	P	IEG. NO.			
	DECEDENT'S NAME (First, Middle, Last)	ELOISE	M. (COWGE	R			2. DATE OF MONTH July	DA	996	YEAR	3. TIME OF DEATN 7:55 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7 DATE OF S	BIDTM		8. BIRTN	PLACE (State or Foreign
	214-32-0901	1 🗌 M 2 💢 F	82	YRS.	MONTHS D	AYS	HOURS MIN.	(Month, De	17,1	914	Vir	ginia
	9e. FACILITY NAME (If not institution, give st				9b. CITY, TO	O MWC	R LOCATION OF DE	ATN		9c. COU	NTY OF D	EATH
6	7434 Hayward Ro	ad			1	Poc	omoke Ci	.ty		S	omer	set
ᇤ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		Inc CITY	TOWN OR I	OCATI	ON					10d, INSIDE CITY
E	Maryland S	omerset		100.017			omoke Ci	tv				LIMITS?
7	10e. STREET AND NUMBER			1			ZIP CODE			10a. CIT	IZEN OF V	1 YES 2 NO
FUNERAL DIRECTOR	7434 Hayward Ro						21851			logi di	US	
2	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	NO NO	13. WAS	DECE	ENDENT OF NISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE Black	— American Indian, t, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1 [YES	2 NO Specify	•	,,,,,,,		Speci	White
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)			USUAL OCCL			16b, KIN	O OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	Do NOT us	retired.)	ng mos	n or working		N. L.	77		
COMPLETED	12 17. FATNER'S NAME (First, Middle, Last)		ne	ousew	rre					Home		
BE CC	Tully F. Mear	`s					18. MOTHER'S NAI	Cutle		Surname)		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	treet an	nd Number or Rural R	loute Number, C	Olly or Town	, State, Zip	Code)	
2	W. Paul Cowger (h	usband)		7434	Haywa	ard	Road -	Pocomo	ke C	ity,	MD	21851
	20g. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Remo	oval from State	20b. PLACE	AND DATE O	F DISPOSITIO	ON (Ner	ne of	DATE	20c. LO	CATION —	City or To	wn, State
- 1	4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Presi	oyter.	ian Ce	eme	tery 7/	6/96	Poc	omok	e Ci	ty, MD
	Robert H. Brad	Bund 6	eeien)		30	7ad	shaw & S W. Main	ons Fu	nera Cris	l Ho	me d, M	D 21817
	23. PART I. Enter the diseases, or c ahock, or heart fellure. I	omplications that	ceused the de	ath. Do n	ot enter th	e mod	de of dying, such	aa cardiec	or reapli	ratory an	reat,	Approximate
	IMMEDIATE CAUSE (Final											Intarval Between Onset and Death
ŀ	diseese or condition resulting in death)	DUE TO (C	EIMEF	25	D156	as	SC					4 years
		DUE TO (C	OR AS A CONSE	OUENCE OF):							
CERTIFICATION	Sequentially list conditions,	DUE TO (C	R AS A CONSE	DUENCE OF),							
¥.	if any, leeding to immediate cause. Enter UNDERLYING				,.							i l
트	CAUSE (Disease or Injury that initiated evante	DUE TO (C	R AS A CONSE	DUENCE OF):							
	resulting in death) LAST	i										
	PART II. Other algnificent conditions	a contributing to d	eath but not a	anultina l	n Abo umdo	-lui		D				
EDICAL	Aspiration 1			econting in	i the unde	ityitigi	ceuse given in i	Part I. 248	PERFOR		245.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	11201441014	reamon	i cc					_ 10	YES 2	PKNO		DF DEATH?
Σ	DID TOBACCO USE CONTR	PIRLITE TO CALL	SE OF DEA	TLI VE	s \square NC	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	UNCERTAIN					1 TYES 2 NO
NA.	25. WAS CASE REFERRED TO MEDICAL	IDOTE TO CAU			H (Check only		UNCERIAIN	(1)				
SIC	EXAMINER? 1 YES 2 X NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:	Nome	5 Rasidence	B Other /Co	ecits)			
PHYSICIAN: M	27. MANNER OF DEATH	28e. DATE OF IN	JURY	26b. TIME	OF 28	c. INJU	IRY AT	28d. DESCRIE		JURY OC	CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	rear)	INJU		WOR	ES 2 NO					
	3 Suicide 6 Could not be	26e. PLACE OF building, at	INJURY — At ho c. (Specify)	me, farm, st	reet, tectory,	office		261. LOCATION	N (Street ei wn, State)	nd Number	or Rural A	oute Number,
Ē,												
COMPLET	29a. CERTIFIER (Check only one)											
ဂ္ဂ	2 MEDICAL EXAMINER	R: On the beele of exa	mination and/or i	Investigation	, in my opini	on, de	ath occured at the t	time, date end	place, and	due to th	e cense(e	end menner ea stated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	019	4.11		7		29c. LICENSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
စ္	Thomas CHE	U D. MD	Atteno	ling	hysic	ian	1)08	800		J	uly:	5,1996
	30. NAME AND ADDRESS OF PERSON WHO Thomas C. Hill						C=14-1		MD 0	1001		
				E DI	III KO	au	- Salls	bury,	MD 2.	1901		
	JUL 0 9 1996 July	32. REGISTRA	- Jak									

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant'a Nama (First, Middla, Last) 2. Deta of Death 3. Tima of Death Day **Physician** Month 4 1996 7:35 P.M. CORNWELL JULY RUTH ELIZABETH /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner ALLEGANY MEMORIAL HOSPITAL CUMBERLAND 5. Social Security Number If Under 1 Year if Under 24 Hrs. Birthplace (Stata or Foreign Country)
 M 7. Aga (In yrs. last birthdey) **Funeral** 1□M 2 F Days Yrs. Director 1915 218-30-0425 Usual Residance of Dacedant with the Meryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shor traumstic event, the Medical Experience must be notified at 1X Yes 2 No Director Allegany MD Cumberland 10e. Straat and Number 10f. Zip Coda 10g, Citizan of What Country? 125 W. Second Street USA 21502 deeth Funeral 12. Wes Decedent Ever In U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Datas: Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Rece - Amarican Indian, Black, White, atc. 11. Marital Status Peges 1 and 2 should be filed within 72 hours after onent of Health and Mental Hyglene. Int: If Item 27 Ie marked other than "natural", or Iter X Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No þ Specify: 3 ☐ Widowed 4 ☐ Divorced white Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Memorial Hospital Retired Supervisor 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maiden Sumama) Be Harry L. Cornwell Elizabeth (Morris) 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Dorothy Cornwell--sister-in-law125 W. Second Street; Cumberland, MD 20b. Plece of Disposition (Name of cematary, crematory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, State permit. Peges Depertment of Important: If it any Injury or once. 1 Buriel 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Sunset Memorial Park 07/07 Cumberland, MD 21. Signature of Funaral Service Licanse 22. Nama and Addrass of Facility Scarpelli Funeral Home Cumberland, MD 21502 23a. Part1. Entar tha diseesa, or complications thet caused tha daath. Do not antar the moda of dying, such as cardiec or raspiratory arrest, shock, or haert failura. List only ona causa on aach lina. Approximata Intarval Between Onset and Deeth **Physician** /Medical Immediata Causa (Final diseasa or condition rasulting in daath) Examiner Dua to (or as a consequence of): Examiner physician end the burial-transit that the death certificate be axecuted Sequentially list conditions, if any, laading to Immediata cause. Enter Undarlying Causa (Disaasa or Injury that initiated evants rasulting In death) Last Dua to (or es a consequança of) Physician/Medicai Due to (or as a consequenca of): 80 980 to ed by the e Division of Vital Records, P.O. Pert fi. Other significant conditions contributing to death but not resulting in the undarlying causa given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by t d be detech 3 Probably 4 Unknown 1 Yes No þ 24b. Were autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed peen hes 1 ☐ Yas 2 ☐ No certificate funeral director, 25. Was casa rafarred to medical examinar? Be 26. Place of Death (Check only one) Hospital Inpatient Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yes No 2 2 ER/Outpatient 3 DOA this 27 Manner of Death Natural 26a. Data of Injury (Month, Day Year) Certification: 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? After 5 Panding invastigation death. 1 ☐ Yes 2 ☐ No after death Director: 2 Accidant 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida Hospital 24 hours 8 24 hours e Certifying Physictan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29s. Certifie Medical Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(s) and manner stated. one To the To the To the 29b. Signature and tiple of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 1996 D 12779 July 30. Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print) 21502 GUY FISCUS M.D. MEMORIAL HOSPITAL MEDICAL BLDG. CUMBERLAND, MD

State Registrar 40,000

State of Maryland / Department of Health and Mental Hygiene Q &

						OCIL	ificate of	Dealli		Reg. No.				
	Dharata		1. Decedent's Neme (First, Middle, L	ast)					2. Date of De Month	eath Day	Yeer	3. Time of Death		
	Physic /Medi		ALICE PAULI	NE	1	DUNN			June 26,		1001	11:20 A.M.		
	Exami		4e. Facility Neme (If not institution, ga	ive street end number))			4b. City, Town, o	or Location of Deet	4c. County	of Deeth			
1			11360 Sharpetow	n Rd.				Mardela	Springs	Wic	omico			
Г	Funeral		5. Social Security Number 6.	Sex 7. Ag	7. Age (In yrs. last birthdey) If Under 1 Y			r If Under 24 H	rs. 8. Dete of Bir			ace (State or Foreign		
н	Director		220-10-8325	1□M 2 X F	78	Yrs.	Months Days	Tiodis IVI	March 10	, 1918	Mar	yland		
Π	pu ,		Usual Residence of Decedent 10a. State 10b. County		10c. City, Tov		***							
	aryle show	-									10	0d. Inside City Limits 1 ☐ Yes 24☐ No		
	9 P	Director	Maryland Wicom	ico	Mard	ela S	Springs							
	ith to	F	10e. Street and Number				10f. Zip Code			10g. Citizen of What Coun				
	23a	<u>a</u>	11360 Sharptown				2183			US				
20	in 72 hours efter deeth with the Maryland "natural", or items 23s or 28s-f show tedical Evantinet must be notified at	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 X If Yes, Give	?		as Decedent of Yes, specify Cul ☐ Yes 2 12 No		(Specify Yes or No erto Rican, etc.)	Specifi				
Maryland 21215-0020	ural E	D D		Year or Dates:	100					101 10 1 10		ite		
5	e 2 m	Completed	15. Decedent's E (Specify only highest gi	rede completed)	168	(Give kir	nt's Usual Occu ind of work done O NOT use retin	e during most of w	vorking	16b. Kind of B	usiness/Ind	lustry		
12	d within plene. r than "	E	Elementary/Secondery (0-12)	College (1-4or				eu)		D-+-	1 1	150		
0	70 00 00		17. Fether's Neme (First, Middle, Las			Manag	ger	18. Mother's Name (First, Mic			l sal	.es		
an	S is b	Be	Marion	Phippin				Myrt1		Giles	,			
7	d 2 should be thend Menta 7 is marked trsumatic ev	5	19a. Intorment's Name/Relationship			h Mailina	Addrage /Ctros		Rural Route Numb		Ctoto 7in	Code		
Ma	2007		Shirley Little						Mardela					
Ġ	- 9 5 4		20a. Method of Disposition	COII	20b. Piace 0	of Disposit	tion (Name of		Date	20c. Location				
Baltimore,	Peges nert of I mt: If ite		1 ₺ Burial 2 ☐ Cremation 3		cemete	ery, crema	tory or other pi		1			m, otato		
亞	permit. Peges Department of important: If i any injury or once.		4 ☐ Donation 5 ☐ Other (Spec	VI ANDRES			Memory Ga		6/29/96	Hebron	, MD			
Ba	permit. F Departm Importar any Injur		21. Signature Fineral Service Licensee MOIOSI 22. Name end Address of Facility Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21804											
		ш	Navie 4.	Pompo	~						21804			
	Physician /Medical		Immediate Cause (Fine)						iac or respiratory e		Remo	Approximete Interval Between Onset end Death		
	/Medical pe executed by specificate pe executed by by slotan and as the puriel-transit	n/Medical Examiner	Immediate Cause (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last			conseque	ence of): hs hu C ence of):		ac or respiratory e		Zeny	Interval Between		
Box 68760,	/Medical pe executed by specificate pe executed by by slotan and as the puriel-transit	edical	disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	a. Carri	Due to (or as a	conseque	ence of): he he C ence of): ence of):	- du Tr	almos d	nem.		Interval Between Onset end Death 4Mm14		
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DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month **Physician** Hauseman 1996 FLORENCE Ε. June 27 /Medical 4e. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SALISBURY WICOMICO PENINSULA REGIONAL MEDICAL CENTER If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth Months Days Hours Min. (Month, Dey, Year) 7. Aga (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Months Days Director 170-22-1273 70 September 13, 1925 Pennsylvania Usual Residence of Decedant Pages 1 and 2 should be filled within 72 hours effer death with the Maryland ment of Heelth and Mental Hyglene.
Inttill fem 27 is marked other than "naturel", or items 23s or 28s-f show 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 la marked other than "naturel", or flems 23s or 28s-f show other treumstic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Delaware Sussex Millsboro 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 241 W. Albermarle Court 19966 Funeral USA 12. Wes Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritai Status 14. Rece - American Indian, Bieck. White, etc. 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Datas: 1 Nevar Married 200 Merried Baltimore, Maryland 21215-0020 1 Yes 2√ No þ Specify: 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) Mint conveyor belt operator Candy Factory 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Elmer Spohn Florence 2 Christman 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) LeRoy M. Hauseman 241 W. Albermarle Ct., Millsboro, DE 19966 20b. Pieca of Disposition (Name of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete permit. Pages Department of Important: If it any injury or o 1 ☐ Buriel 2XDCremetion 3 ☐ Removel from State 4 Donetion Other (Specify) Charles Evans Crematory 7/1/96 Reading, PA 22. Neme and Address of Fecility Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 21804

a death Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximete intervei Between Onset end Deeth tions that caused t disease, or comp failure. List only **Physician** Immediate Cause (Finat disease or condition resulting in death) /Medical **Examiner** Due to (or as a consequence of): Physician/Medical Examiner attending physicien end for use es the buriel-transit or Attending Physician: The lew requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted evants resulting in deeth) Lest Division of Vital Records, P.O. Box 68760. Dua to (or as a consequence of): 25 deteched Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by to 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings evalleble prior to completion of cause of deeth? 24e. Wes an eutopsy performed? Completed hes 2 No certificate 1 Yas 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? Be 26. Placa of Deeth (Check only one) Hospitel: 1 Nnpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 2 After this funeral 27. Menner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending Invastigation Neturei within 24 hours after deeth.

To the Funeral Director: All completely filled in by the fu 2 Accident 1 Yas 2 No 6 ☐ Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28a. Piece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homlcide Hospital edicai 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and manner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end placa, end due to the cause(s) end manner stated. 29a. Certifier (Check only the the 29b. Signature and title of certifiar 29c. Licansa number 29d. Data signed (Month, Dey, Year) 30. Name and address of person who completed cause of eath (form 23e) (Type, Print)

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J mn 20 32. Registrar's Signature 31. Dete filed (Month, Dey, Year) State Registrar JUN 281996

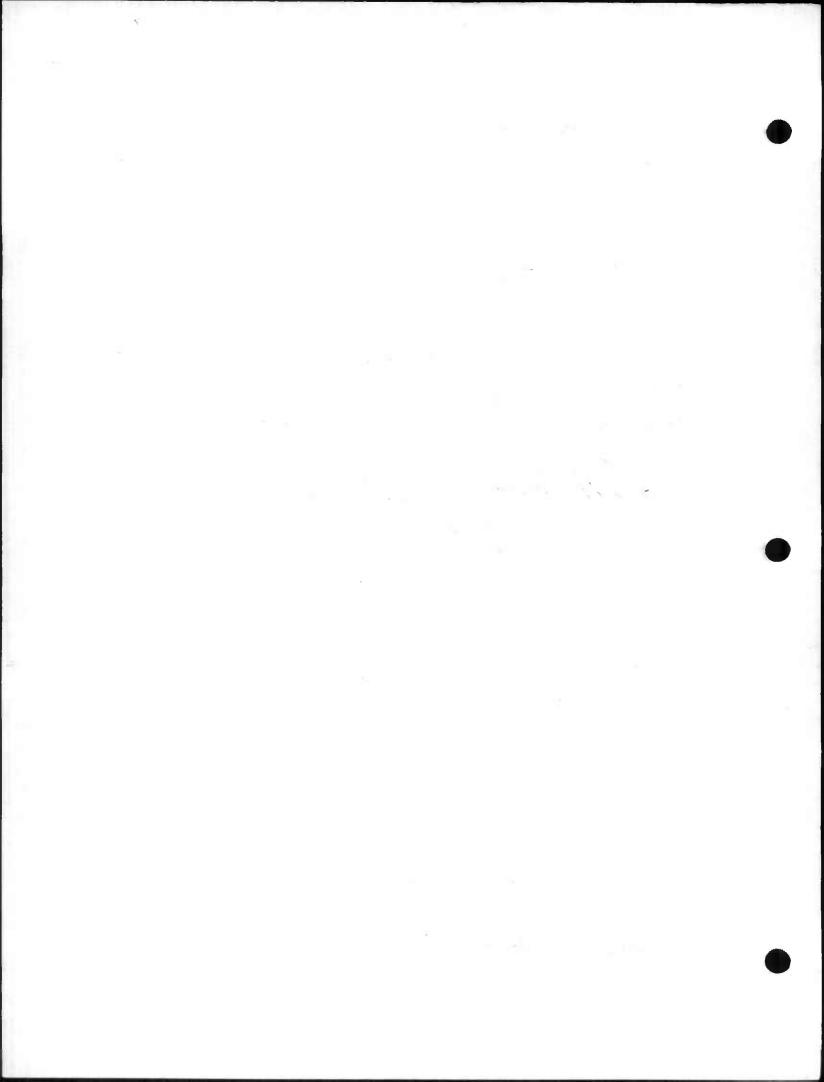
DHMH 16 Rev 6/95

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE OF M.	ARYLAND / DEPARTMI CERTIFICA	ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN		3. TIME OF DEATH
	MARY Jane Elizabeth Dry	den		June 26	1996	3:00 A M
		6. AGE (In yrs. lest birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	e, BIRTN	IPLACE (State or Foreign
	2 16-40-3838 1 M 2XXF	82 YRS. MONT		(Month, Day, Year) March 27, 191		nsylvania
TOR	Wicomico Nursing Ho		CITY, TOWN OR LOCATION OF DI Salisbur		Wico	mico
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?
	Maryland Wicomico	Salis				1 X YES 2 NO
FUNERAL	412 Monticello Ave.		10f. ZIP CODE 2 180 1		10g. CITIZEN OF V	WHAT COUNTRY?
N.		EVER IN U.S. ARMED	13. WAS DECEMBENT OF HISPA	NIC ODICINA (Secolo, Ven	USA	E American Indian.
BY FU		YES 2X NO	If yes, specify Cuban, Mexico	n, Puerto Ricen, atc.)	Black	k, White, etc.
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USU/	AL OCCUPATION lone during most of working	16b. KIND OF BUS	INESS/INOUSTRY	
	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use reti	ed.)			
MP	12 0	Sales la			lothing	Store
	17. FATHER'S NAME (First, Middle, Last) Malcolm Sylvester Weaver			AME (First, Middle, Malden S		
BE	19e. INFORMANT'S NAME (Type/Print)	Table Man INC ADD	Freda RESS (Street and Number or Rural		Amway	
2	William M. Dryden	and the second s	Woodland Rd.,			
	20e. METNOD OF DISPOSITION	20b. PLACE AND DATE OF DIS			ATION — City or To	own, State
	1 Suriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	Parsons Cer	neterv	6/28 Sa.		-,
	21. SHOWITURE OF PORTURAL SERVICE LICENSEE	$m \cap$	22. NAME AND AGORESS OF FA	ral Home		
	23 PART / Enter the diseeses, or complications that shock, or heart failure. List only one tags	off each line.		ch ea cardlec or reepir	atory srrest,	Approximate interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	OR AS A CONSEQUENCE OF):	1 Pre URI	VMON	IA	Socy
TION	Sequentially list conditions, if any, leading to immediate	OR AS A CONSEQUENCE OF):	URL	•		1 Kest.
S	CAUSE (Disease or injury	OR AS A CONSEQUENCE OF:				
CERTIFICATION	that initiated eventa resulting in death) LAST	on as a conscouence or):			,	
AL C	PART ii. Other significent conditione contributing to	deeth but not reculting in th	e underlying ceuee given in	Part I. 24s. WAS AN	AUTOPSY 24b	. WERE AUTOPSY FINDINGS
	11/3hemen		750	PERFOR	/	AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀	ternility.	-			CA WO	OF DEATH?
-	DID TOBACCO USE CONTRIBUTE TO CAL	JSE OF DEATH YES [□ NO □ UNCERTAI	N 🗆		tool tool
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF OEATN (C				
SIC	HOSFITAL		HER: Nursing Nome 5 - Residence	6 Other (Specify)		
BY PHYSICIAN: MEDIC	27. MANNER OF DEATN 1 [X] Natural 5 [Pending Investigation] 26e. OATE OF (Month, Da)	NJURY y, Year) 26b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	26d. OESCRIBE NOW IN	JURY OCCUREO	
	3 Suicide 26e. PLACE OF	INJURY — At home, farm, street itc. (Specify)	, factory, office	28t. LOCATION (Street e City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one)					
Š	one) 2 MEDICAL EXAMINER: On the beels of ex	emination end/or investigation, in	my opinion, death occured at the	time, date and place, end	due to the ceuse(e) end manner es stated.
8	29b. SIGNATURE AND TITLE OF CONTINENT	~	29c. LICENSE NU D 0 2 0		DATE SIGNED	(Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS					- 4110
5	F.G. Arthes, MD		n Pines, Be	rlin, Md.	21811	
_	31. DATE FILED (Month, Day, Year) 32. REGISTRAI JUN 2 8 1996	RIS SIGNATURE				
	JUN 6 0 1990 0					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 2 | 543

					tate of iv	iai yiaiia / L	Certificate				Reg. No.	<i>)</i> (.,	. 1010		
			1. Decedent's Nama (First, M	iddla, Last)					2.	Data of Dea	ath		3. Time of Death		
	Physic /Medi		RIC	HARD		JAME	S	DAVI	ic	Month -	Z9-1	996	0050		
	Exami		4e. Facility Neme (If not instit						Town, or Local	tion of Death	-				
	=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PENINSULA RI	GIONAL	MEDICA	L CENTE	R	5	SALISBU	RY	W	ICOM]	ICO		
	Funeral		5. Social Security Number	6. Sax		ga (in yrs. last bir	thday) If Under		ler 24 Hrs. 8.	Data of Birt	h Year)	9. Birthp	laca (Stata or Foreign		
	Director		215 - 26 - 3842 Usuel Rasidance of Dacedan		2□ F	65	Yrs. Months	Days Hour	s Min.	(Month, Day	5-31	ACCO	MAC Co., YA		
	yland		10e. Stete 10b. Cou	nty		10c. City, Tow	n or Location					10	0d. Insida City Limits		
	with the Maryland is or 28a-f show	ģ	MD. W	leomic	20	S	ALISBU	RY					1 Yas 2 □ No		
	# th	Director	10e. Street and Number				10f. Zip	Coda			10g. Citizan of V	of What Country?			
	th wi	al	526 E. WI	LLIAMS	STE	REET		218	04		U.	S.F	٦.		
50	hours after death with the Marylar urel', or Nems 23a or 28a-f show at Examinet must be notified at	y Funeral	11. Marital Stetus 1 Never Merried 2001	ferried :	Wes Decedent Armed Forces' 1 X Yas 2 ☐ If Yes, Give	? No		lant of Hispanic (ify Cuben, Mexic		y Yes or No- can, atc.)	14. Race Blee Specify				
5-0020	"netural",	d by	3 ☐ Widowad 4 ☐ Divor	380	Year or Datas:	KOREAN					WHIT				
	be filed within 72 ho stal Hygiene. Id other than "natur event, tre Medical	Completed	15. Dece (Specify only hi	dant's Education hast grada co.	on <i>mplated)</i>	16a.	Giva kind of wor lifa. DO NOT us	l Occupation k dona during m	ost of working	16b. Kind of Businass/Ind			Justry		
2121	Mithigh Page 1	E G	Elamentery/Secondery (0-1	2)	Collaga (1-4or					1	E011150		FOUNCES		
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O U	ding Ph. After thi funeral	Certification:	1 Naturel 5 ☐ Par		(Month, De		njury M	8c. Injury at Work? 1 ☐ Yas 2		J. Dascribe t	iow injury occurr	90			
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	ours ours ours filled		29a. Certifier 1 Certi	ving Physicia	n: To the best	of my knowledge	, daath occurred a	at the time dete	and place, and	t due to the	causa(s) and ma	nner es el	teted		
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edicai	(Check only 2 Medione)	al Examiner:	On the basis of and mennar st	f axamination and	Vor investigation,	in my opinion, d	laeth occurred	at tha tima,	data and place,	and dua to	tha cause(s)		
	o the	Me	29b. Signature and title of cert	itier /			29c.	. Licansa numbe	ər		29d. Date signed	d (Month,)	Day, Year)		
	->-0	VR	X house	12			1	3476	19		6/2:	9 19	6		
		P	30. Name and eddrass of pers	on who comple	ated cause of	leath (Item 23n)		-//	, ,		-/2	- / /	7		
		0	Sciso Cia	4LTE	LOS	262 T	i Gh ma	n Rel	Sa	liste	wy M.	5 0	21804		
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	Registr		JUL 0	1996	Justid	ar's Signatura	rdall								

Programme and the second secon) X

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month Yaar Louise DeVaughn June 12, 1996 11:30 A.M. 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Manor Care Nursing Home Largo Prince George's 8. Date of Birth (Month, Dey, Year) If Under 1 Yaar | If Undar 24 Hrs. Birthplace (State or Foraign Country) 7. Aga (In yrs. last birthdey) Days Hours 1□ M ***F 81 June 12, 1915 Maryland Yrs 10h County 10c. City. Town or Location 10d. Insida City Limits 1 ☐ Yas 2 ☐ No Prince George's Upper Marlboro 10f. Zip Code 10g. Citizen of What Country? 2305 Brown Station Road 20772 United States 12. Was Decedant Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-it Yas, specify Cuban, Mexican, Puerto Ricen, atc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ Yo If Yas, Give Yaar or Dates: 1 ☐ Yes 2 No Specify: Widowed 4 □ Divorced Specify: White 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Homemaker Home 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Meiden Sumame) John Montgomery Norfolk Edith Brown 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charles Joseph DeVaughn, Jr. r. 2305 Brown Station Road, Upper Marlboro, Md 20772

20b. Place of Disposition (Neme of camatery, cremetory or other place)

June 15, Dail 1996

20c. Location - City or Town, State XXBurial 2 Cramation 3 Removal from Stata Trinity Church Cemetery 4 ☐ Donation 5 ☐ Othar (Spacify) Upper Marlboro, Md 22. Name and Address of Facility Lee Funeral Home, Inc 6633 Old 21. Signature of Funeral Service Lig Alexandria Ferry Rd, Clinton, Md 20735 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. hydha Due to (or as a consequence of) Dua to (or as a consequence of)

Physician /Medical Examiner

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After

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Hospital or Attendil
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 Funeral Director: A

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Records, P.O.

Division of Vital

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Physician/Medical

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Certification:

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Department of Important: If any injury or once.

Physician

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filed within 72 hours after of Hygiene. The "natural", or ital

init. Pages 1 end 2 should be filled annuart of Heelih and Mentel Hygie ortant. If Item 27 is marked other injury or other traumatic avant, it

altimore, Maryland 21215-0020

deeth with the Meryland

Josephine

5. Social Security Number

10a Stata

Director

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Completed

Be

Maryland

11. Marital Status

10e. Street and Number

11th

20a. Method of Disposition

217-46-5828

Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last

Immediate Cause (Final disease or condition resulting in death)

> 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. erioscle 10 sic

24a. Was an autopsy performed?

24b. Were eutopsy findings available prior to completion of cause of death?

1 Tes 26. Piace of Death (Check only one) 1 ☐ Yes 2 ☐ No

25. Was cese referred to medicei examiner? Hospital: 1 Yes 2 No

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

Other: Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 28d. Describe how injury occurred

27. Mannar of Death Watural 2 Accidant 3 ☐ Suicide

4 Homicide

28a. Date of injury (Month, Dey Year) 5 Pending Investigation 6 Could not be determined

1 Tyes 2 No 28e. Piace of Injury - At home, farm, street, factory, office building, atc. (Specify)

28t. Location (Street end Number or Rural Routa Number, City or Town, Stete)

29a. Certifier (Check only one)

XX Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) end menner es steted. 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29b. Signature and title of certifier 01

29d. Date signed (Month, Day, Year)

June 12, 1996

30. Name and address of person who completed cause of deeth (item 23a) (Type, Print)

Dr. Rakesh, 14300 Gallent Fox Lane #222, Bowie , Maryland20715 31. Date filed (Month, Dey, Year) 9 1996 32. Registars, Signature July 0 9 1996 July Davidson Randall

State Registrar

State of Maryland / Department of Health and Mental Hygiene 96 2 | 545

					W -7	Cei	rtificate o	f Death	F	Reg. No.			
Physici	an	1. Decedant's Nama (First, Mid							2. Data of Dea Month	nth Day	Yaar	3. Tima of Death	
/Medi		HARIN	40	LSW	PTI	Z	DONN	JR		5, 1996		6:09 F	
Examir		4a. Facility Nama (If not instituti	on, giva s	treet and number	er)			4b. City, Town, or	Location of Death	4c. Count	ty of Death		
		Charlo	tte I	Hall Vet	terans	Hame		Charlot		St.	Mary	s	
Funeral		5. Social Security Number	6. Sex	M 2□ F	Aga (In yrs. las		Months Day			h /, Yaar)	9. Birth	placa (Stata or Foreigntry)	
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and *		Usual Rasidanca of Dacedant 10a. Stata 10b. Coun	v		10c. City,	Town or Lo	cation					10d. Insida City Limit	
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the Mar 28s-f si	ect	Maryland St. 10e, Street and Number	Mary'	S			10f. Zip Coda			10g. Citizan of What Country?			
th with	ō	Charlotte Hal	l Vet	terans I	Home			0622					
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00.		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation	2 DD-	mouni from Cto	20b. Plac cen	e of Dispo	sition (Nama of matory or other p	lace) July 1	0, ⁰ 1996	20c. Location	- City or To	own, Stata	
Pege nent o mrt: If		4 Donation 5 Other		moval from Sta				ns Cemete		Chelte	nham,	Maryland	
permit. Pege Department Important: If any Injury or		21. Signature of Funeral Service	License			22	2. Nama and Add	rass of FacilityLe	e Funera	l Hame,	Inc (633 Old	
Deg in a		1 St 5 1	5:1	<u>t</u>		Al	exandria.	a Ferry R	d, Clinto	on, Mary	land	20735	
		23a. Part1. Entar tha disaasa, o shock, or heart failura. Li	or complic	ations that caus	ad the death.	Do not ant	ar the mode of d	vino, such as cardia	c or respiratory an	rast		Approximata	
and transit	Examiner	Sequentially list conditions,	6 .			ua to (or as a consequence of):							
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that the led by the deteche	F	alle	ichi	1c C	20 C'	h's	,		101	08 20 No	-3□ Pro	bably 4 Unkno	
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Physician: The lew requires that this certificate has been signed trei director, page 2 should be det	Completed	050	w	ast	40	Tur	<u>_</u>		24a. Was i perfor	an autopsy med?	av	fara autopsy findings valiable prior to empletion of cause death?	
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ician: The	Be	25. Was casa refarred to medic axaminer?	al					26. Placa of De	ath (Check only o	na)			
Physician: this certific	To	1 Yas 2 No	Ho	spital:	itiant 2 EF	VOutpatien	t 3 DOA	Other: 4 4 Nursing	loma 5□Rasid	ance 8 □Ot	har (Specil	fy)	
l or Attending Pt efter death. Director: After th d in by the funerei		27. Mannar of Beath 1 ☐Naturel 5 ☐ Pand	ina	28a. Data of Ir (Month, L	njury 28 Da <i>y Year)</i>	3b. Tima of Injury	28c. Inj		28d. Dascribe h				
eath. or: A	Certification:	2 Accident invas	tigation				M 1	☐ Yas 2 ☐ No					
fred fred frect n by	E	3 ☐ Suicida 6 ☐ Could 4 ☐ Homicida datar	mined	28a. Piaca of l building,	Injury - At home atc. (Specify)	a, farm, str	eat, factory, office	9	28f. Location (S City or Tow		ber or Run	al Routa Number,	
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To the Hospital or Attending Physician: The lev within 24 hours efter death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2.	edicai	(Check only 2 Medica	ng Physic I Examine	er: On the basis	of axamination	dge, daath and/or inv	occurred at tha astigation, in my	tima, data and place opinion, death occu	e, end dua to tha d urred at tha tima, d	eusa(s) and mate	annar as s , and dua t	itatad. o tha ceusa(s)	
thin the mpie	Med	one) 29b. Signatura and titla of certifi		and manner	steted.			nsa numbar					
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		30. Nama and address of person											
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Registra	ar	COLU DI	330	Jan o	n amarine a	Cordalle							

State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtificat	e of	Death			Reg. No.	20	61040
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	/Medi Examii		4a. Facility Nema (# not institution						4b. City, To	wn, or Lo	cation of Deat		ounty of Death	
7	CXamii	ICI	Washington			al			Hage	erst	own		shing	
H	E		5. Social Security Number	6. Sex	-	s. last birthday	if Under	1 Yea		24 Hrs.				
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	land		10a. Stata 10b. County	,	10c. C	City, Town or L	ocation							10d. Inside City Limits
	Mary f sh	ō	MD. Wash	ington	На	gerst	own							1 XYas 2 No
	the 28s	Director	10e. Street and Number			6012	10f. Zip	Code				10g Citizer	n of What Cou	inter?
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	e 23	Funeral	11. Marital Status	· · · · · · · · · · · · · · · · · · ·	cedant Evar in	11.0	Mas Dage			ining (One	alf. Van as Na		. Rece - Amer	isan tadlan
	iter d	5	1 Nevar Married 2 Man	Armed I	Forces?	0,3.	If Yes, spec	cify Cul	ben, Maxicar	n, Puarto	cify Yes or No Rican, atc.)	14.	Black, Whita	
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an	d d d	Be	William Bank											
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Maryland	12 sho h and is mu		19a. Informant's Name/Ralations				_				I Routa Numb			
	s 1 and 2 should be filed within 72 hours after death with the Marylan Health and Mental Hygiene. Health and Mental Hygiene than "natural", or items 23a or 28a-f show then 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinat name to notified as		Martha Chee	ves	205	Place of Dien	NJOn	at.	han S	t.Ha	agerst		MD . 2 tion - City or T	
ō	Pages nent of It		1X Burial 2 □ Crametion	3 Ramoval from		Place of Disponent Cometery, cra								
altimore,	men men tant:		4 □ Donetion 5 □ Othar (S		R	ose Hi					/15/96	Hag	ersto	wn,MD
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			23 art1. Enter the disaasa, of shock, or haart failure. List	complications that	caused the das									Approximete Interval Between
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o	eath certificate be executed attending physician and for use as the burial-transit		Sequantially list conditions, if any, leading to immediate cause. Enter Undartying	P	eveler	DURG	culo	/	erec	Sol	wh			months
68760,	ite be iysici	edical	Causa (Disaasa or Injury that initiated evants resulting in daath) Last	С.	Dua to (or es e consec	quance of):						-	
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ω.	requiras that the death ce seen signed by the attendi hould be detached for use	Physician/	Part It. Other eignificant condition	one contributing to	death but not ra	sulting in the u	ındariving c	ause o	iven in Pert I	1.	23b. Did	tobacco us	e contribute	to the cause of death?
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00	_ LI 0	Completed			00.000			_			репо	ormed?	C	vailable prior to ompletion of cause f death?
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o	Phys this ral di		1 Yes 2 No 27. Mannar of Death	12	Inpatiant 2	28b. Tima o		'A	4 🗆 140		ma 5 ☐ Resi			ify)
Division of	or Attending later death. Director: After in by the fune	Certification:	1 ☐Naturat 5 ☐ Pendin	ng (Mo	nth, Day Year)	Injury	M	8c. Inju	ork? □Yas 2□		28d. Describe	now injury o	ccurred	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth 96 11.25 Pm JUNE ECIL 4b. City, Town, or Location of Deeth 4a. Facility Neme (If not institution, give street and number) 4c. County of Deeth UNIVERSITY of MADREDOND BALTHORE 5. Social Security Number 7. Age (In yrs. last birthdey) If Under 1 Yeer | if Under 24 Hrs. 9. Birthpiece (Stete or Foreign Way Vika una 1 M 2 F Months Hours Min 233-22-026 Usuei Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits CELL 1 Yes 2 No MAKYLAND NOXIH 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 644 1901 UNITED Wes Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Rece - American Indien, Bieck, White, etc. Armed Forces? 1 Yes 2 No If Yes, Give 1 Never Married 2 Married 1□ Yes 2 No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) TRUGE L RIVER PKCHNALIAN HALLING 17. Father's Neme (First, Middle, Last)-18. Mother's Neme (First, Middle, Meiden Sumeme) ED9AR City or Town, State Zip Code) Mb. 2190 19a Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Rope Number, DEMW. AUCINE NOOTH GOOD 0 box 445 20b. Pleca of Disposition (Neme of cametery, cremetory on other Method of Disposition Dete 20c. Location - City or Town, Stete Buriei 2 Cremetion 3 Removei from Stete NOOTH EMPT Donetion 5 Other (Specify) NORTHEBET METHODST LEY 76 21. Signetum of Funerei Service Licanses 22. Name end Address of Fecility Lough tegrotte HOWE. NOTH GAST MD21901 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as card shock, or heart feilure. List only one cause on each line. the mode of dying, such es cardiec or respiretory errest, Approximete Intervel Between Onset and Deeth immediete Ceuse (Finel LICHONARY CONTUSIONS diseese or condition resulting in deeth) Due to (or es la consequenca of):

Physician /Medical **Examiner**

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Division of Vital Records, P.O. Box 68760.

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Examiner

Funeral

Director

r than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at

Director

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Completed

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filed within 72 hours after

Hygiene.

. Peges 1 and 2 should be fill ment of Heelth end Mental Hismt: If item 27 is marked out

ò Department of Important: If any Injury or page.

other

Baltimore, Maryland 21215-0020

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that Initiated events resulting in death) Lest Physician/Medical

Due to (or es e consequenca of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. QUES OLIMBS NJURY - SOUTHE WAT COMA

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably WUnknown

24a. Wes en eutopsy performed?

24b. Were autopsy tindings evallable prior to completion of cause of death?

26. Plece of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

examiner?	to megical
 Menner of	 . C. Dondin

Pending investigetion 6 Could not be

Hospitel: No inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of Injury (Mignifi, Day) 16/96 28e. Placa of Injury - At home, tarm, street, factory, office building, etc. (Specify)

28b. Time of 3:45 p^M

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 Yes 2 No

28d. Describe how injury occurred (NTO VEHICLE

28f. Location (Street end Number or Rural Route Number City or Town, Stefe) Md, 21901 644 Bailiff Road-in the front yard 644 Bailiff Road, North East

296.	Centiller
	(Check onl
	one)

2 Accident 3 Suicide

4 - Homicide

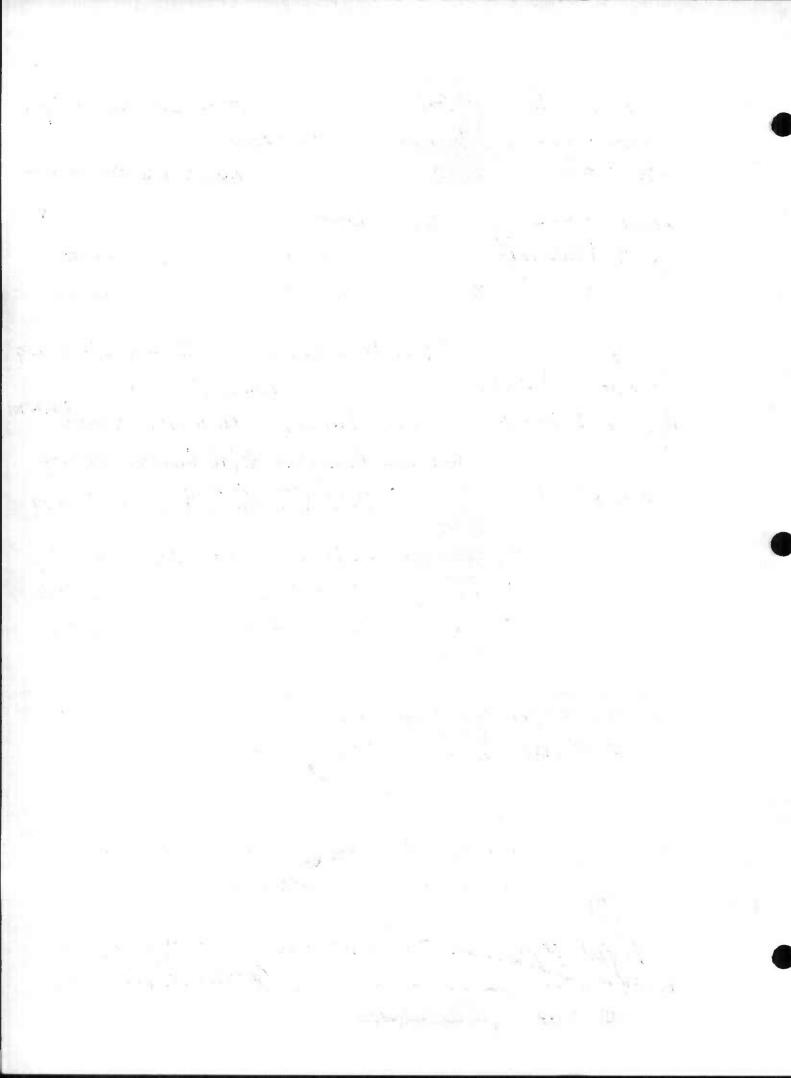
prtifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. dicat Examinar: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated.

29b. Signatur

29c. License number D232-86 29d. Date signed (Month, Day, Year)

d cause of deeth (Item 22a) (Type, Print) 1CEENS

State Registrar 31. Dete filed (Month, Dey, Year) JUL 0 5 1996 32. Registrer's Signeture relia Davidson



State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Doyle, Jr. Edward 1600 Thomas /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Fruitland Wicomico 306 South Camden Avenue If Under 1 Year | If Under 24 Hrs. | Months Days Hours Min. 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (Stete or Foreign **Funeral** 1**⊠**M 2□F VIRGINIA 231-10-7393 79 Yrs **Director** Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Yes 2□No Maryland Wicomico Fruitland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21826 306 South Camden Avenue U.S. death Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, 11. Maritel Stetus permit. Peges 1 and 2 should be filed within 72 hours effer of Department of Health and Mentel Hygiene. Important: If frem 27 is marked other than "natural", or iten any injury or other traumatic event, tra Medical Exercises once. Biack, White, etc. 1 Never Married 2 Merried 3altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8 Control Room Operator Electrical Power 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) THOMAS EDWARD DOYLE, SR. CATHERINE ROCHE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code 5000 Stock Patrick Doyle-Son 21801 Creek Lane, Salisbury, Md. 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burlai 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Salisbury Crematory 07/04/96 Salisbury, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
HINMAN FUNERAL HOME, INC. my d. Min M00295 11673 Somerset Avenue, Princess Anne, Md.21853 Enter the disease, or complications hat caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) . Arteriosclerotic Cardiovascular Disease Examiner Due to (or as a consequence of): Examiner certificate be axecuted attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or es a consequence of): Physician/Medical thet initiated events resulting in death) Last Due to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? deteched ata has been signed by t pege 2 should be detech 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificata has 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? Be 26. Piace of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 AResidence 6 Other (Specify) 20 1X Yes 2 No After this 27. Menner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: ours efter deel.

I Director: Ah.

In by the fur 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours of To the Funeral DI completely filled II 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

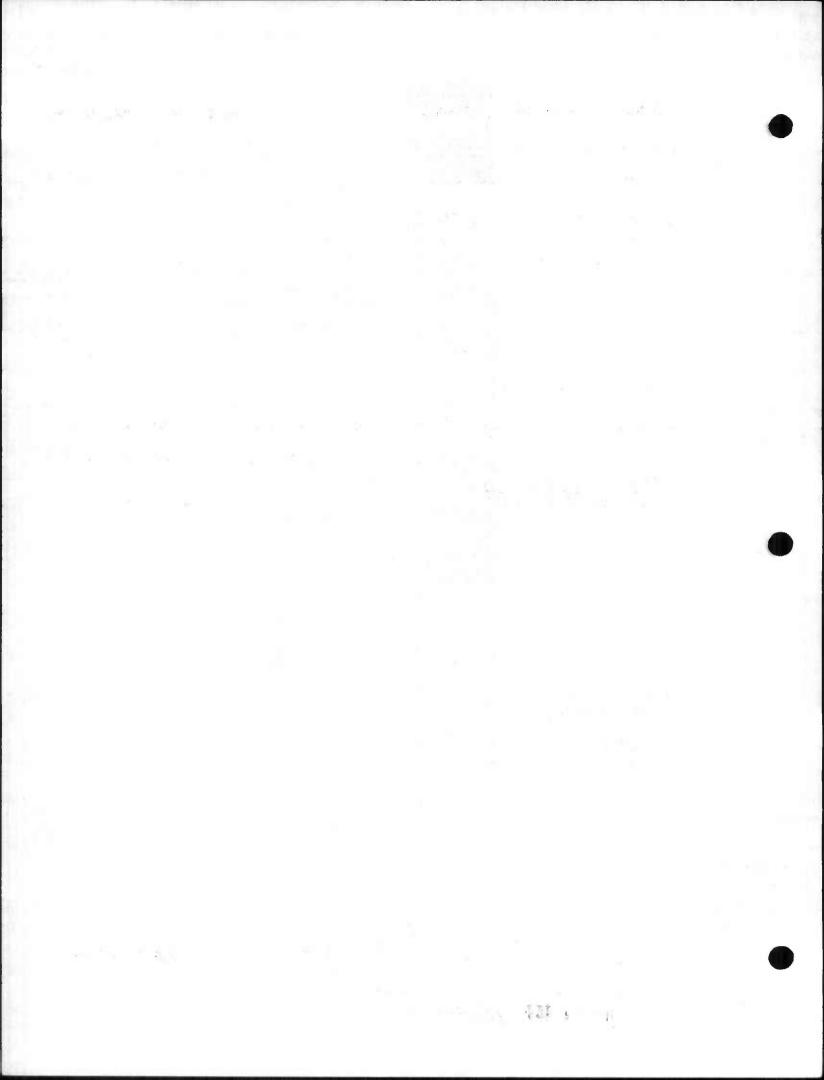
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. edical 29a. Certifier (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 7-3-96 D03599 m 55 bulkely D.M.E. 30. Name and address of person who completed cause of deeth (tem 23a) (Type, Print) Bulkeley, M.D.; 108 Pine Bluff Road; Salisbury, Md. 21801 John

State Registrar 31. Date filed (Month, Dey, Year) 32. Registrar's Signature

No. 100 1 - 10-2

State of Maryland / Department of Health and Mental Hygiene 96 2151,9

To Be Completed by Funeral Director To Be Completed by Funeral Director	HARRY 4e. Fecility Neme (If not initial SACRED HEAR' 5. Sociel Security Number 215-10-2278 Usual Residence of Deced 10a. Stete 10b. (Initial Security Number RFD#3 BEDF(Initial Stetus) 1 Never Merried 2[Initial Stetus] 1	EDWA Stitution, give C HOSP 6. Se 1! ent County ALLEG. DRD RO Married vorced cedent's Edihighest grad 0-12) Middle, Last) DISHO letionship (7)	ARD e street end nur PITAL lex MM 2 F CANY AD 12. Wes Dece Armed Fo 1 Yes, Giv Yeer or D sucation de completed) College (1	7. Age (In yrs. 7. Age (In yrs. CI 10c. Cit CI adent Ever in U rcse;7 2(Z) No re etes:	lest birthdey; Yrs. ty, Town or Li UMBERL. J.S. 13.	Months Cocation AND 10f. Zip Cocation 2150 Wes Deceden II Yes, specify 1 Yes 2 2	CU Year Deys Deys Deys Deys Deys Deys Deys Deys	JMBER If Under Hours	ALAND 24 Hrs. Min.	8. Date of Bir (Month, De MAY 16	Dey 02 1 4c. County ALLE th y, Year) 1917	9. Birthy Coul	can indlen, etc.	or Forei	
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ing physician and a as the burial-transit	resulting In deeth) Last Due to (or es e consequence of):														
een signed by the attending physician and hould be detached for use as the burial-transit etc.										ntribute t	o the causs	of dea			
igned by the se be detached by Physic		isos	brotie	Care	liov	oscul	35	Di	las	0 10	Yes 2 No	3 □ Pro	bebly 4	Unkr	
ate has been si page 2 should Completed							L				an eutopsy rmed?	av	ere eutopsy i reileble prior t impletion of d death?	to	
page Com										10	Yes 2 No	11	□Yes 2□) No	
certificate rector, par	25. Wes case referred to n	edicai						26. Plece	e of Death	(Check only o	one)				
0 io			Hospitel: 1 121	npatient 2 🗆	ER/Outpatie	nt 3 DOA	Othe	P.			dence 8 □Oth	ner (Specia	ty)		
r death. ector: After th by the funeral	27. Manper of Deeth 1 Naturel 5 1 2 Accident	Pending nvestigation		of Injury h, Dey Year)	28b. Time o Injury	M 28c.	Injury Work 1 Y	et ? 'es 2 🗆		28d. Describe	now injury occur	red			
# 5 E	3 Suicide 6 4 Homlcide	Could not be determined	ZOO. FINCE	of Injury - At he		reet, fectory, o	ffica			281. Location (City or To	Street end Numi vn, State)	ber or Run	al Route Num	nber,	
Funer Funer (ally fill		rtifying Phy dicai Exami	iner: On the ba	isis of examine	wledge, death	h occurred et t vestigetion, In	he time my opl	e, dete en Inion, dee	id plece, o	end due to the ed et the time,	cause(s) end m dete end piece,	anner as s and due t	teted. o the cause(s	s)	
within To the comple	end memoer steted. 29b. Signeture and title of certifier 29c. License number							29d. Date signed (Month, Day, Year)							
4	D11443						JULY & , 1996								
210	30. Neme end eddress of p	erson who or	completed cause	e of death Men	230 (Type.	Print)					COLL	, ,			
163	DR. WAYNE SP	0	0.0	TON DRI	00	BERLAN	0 74	ARYT.	AND	21502					
State	31. Date Illed (Month, Dey,			egistreus Signa			~ ~							-	



State of Maryland / Depart

Department of Health and M	Mental Hygiene	9	6	2	1	5	5	1
Cartificate of Davids		100	0	line	U	V	9	
Certificate of Death	Reg. No.							

Phy	sician
/M	edical
Exa	miner

1. Decedant's Nama (First, Middle, Last) JOHN MARSHALL

DAVIS

2. Data of Death JULY

3. Tima of Death

Funeral Director

Director

Funeral

by

Completed

Be

ns 23a or 28a-f show must be notified at the items 23a ŏ "naturel", Hygiene.

death filed within 72 hours efter Baltimore, Maryland 21215-0020 marked other permit. Pages 1 and 2 should be file Depertment of Health and Mentel Hy Important: If item 27 is marked other any injury or other traumatic event 200.08.

Physiclan /Medical Examiner

Physician/Medical Examiner the 88 ate hes been signed page 2 should be de þ Be Completed certificate To the Hospital or Attending Physic within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral dir 2 Certification: Medical

or Attending Physician: The law requires that the death certificate be executed

P.O. Box 68760,

Division of Vital Records.

5, 1996 SR. 8:06 PM 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Daath MEMORIAL HOSPITAL E.R. CUMBERLAND ALLEGANY 5. Social Sacurity Number If Under 1 Yaar | If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) NOV 20, 1 6 Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 1**X** M 2□ F Months Deys Hours Yrs. 52 217-42-7035 1943 MD Usual Rasidanca of Daceden 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2 No Oldtown Allegany 10e. Street and Numbar 10f. Zip Coda 10g. Citizen of What Country? Route 1 Box 62 21555 USA 12. Was Decedent Ever in U,S. Armed Forcas? 11. Maritel Status Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Navar Marriad 2 ☑ Married 1 ☐ Yas 2X No If Yas, Giva Yaar or Datas: 1 ☐ Yas 2X No 3 ☐ Widowed 4 ☐ Divorced Specify white 15. Decedant's Education (Specify only highest grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Etamentery/Secondary (0-12) College (1-4or 5+) 12 Koppers Industry Heavy Equip Operator 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maidan Surname) William C. Davis Iris (Nethers) 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) 21555 Bonnie J. Davis--wife Route 1 Box 62; Oldtown, MD 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cemetary, cramatory or other placa) 20c. Location - City or Town, Stete Data 1 XBurlal 2 ☐ Cramation 3 ☐ Ramovel from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Sunset Memorial Park 07/10 Cumberland, MD 21. Signature of Funaral Service Licansee 22. Name end Addrass of Fecility Scarpelli Funeral Home Cumberland, MD 21502 23a. Parf. Entar tha disaasa, or complications that caused the d the not anter tha moda of dying, such as cardiac or respiratory arrast, Approximata Intarval Batween Onset and Death Immediata Causa (Finel . Arterioschrotic Cardiovaxuler disease disaasa or condition rasulting in death) Dua to (or as a consequence of) Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Causa (Disease or Injury that initiated avants rasulting In death) Last Dua to (or as a consequence of): Dua to (or es a consequance of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☑ Probably 4 ☐ Unknown 24a. Wes en autopsy performed?

24b. Were eutopsy findings available prior to complation of cause of daath? 1 ¥ Yas 2 □ No 1A Yes 2□ No 25. Was casa rafarred to medical axaminar? 28. Pleca of Deeth (Check only one) Hospital: 1 ☐ Inpatiant 2 ☒ ☒️VOutpatient 3 ☐ DOA XIX Yes 2□ No Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 27. Mannar of Death 28a. Deta of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Netural Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicide 6 Could not be dataminad 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Streat end Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29e. Cartifiar

(Check only one)

1 Certifying Physician: To the bast of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated.

29b. Signature, and title of certifian

nald & Wright MD

29c. Licensa number O.C.M.E 29d. Date signed (Month, Day, Year) JULY 6, 1996

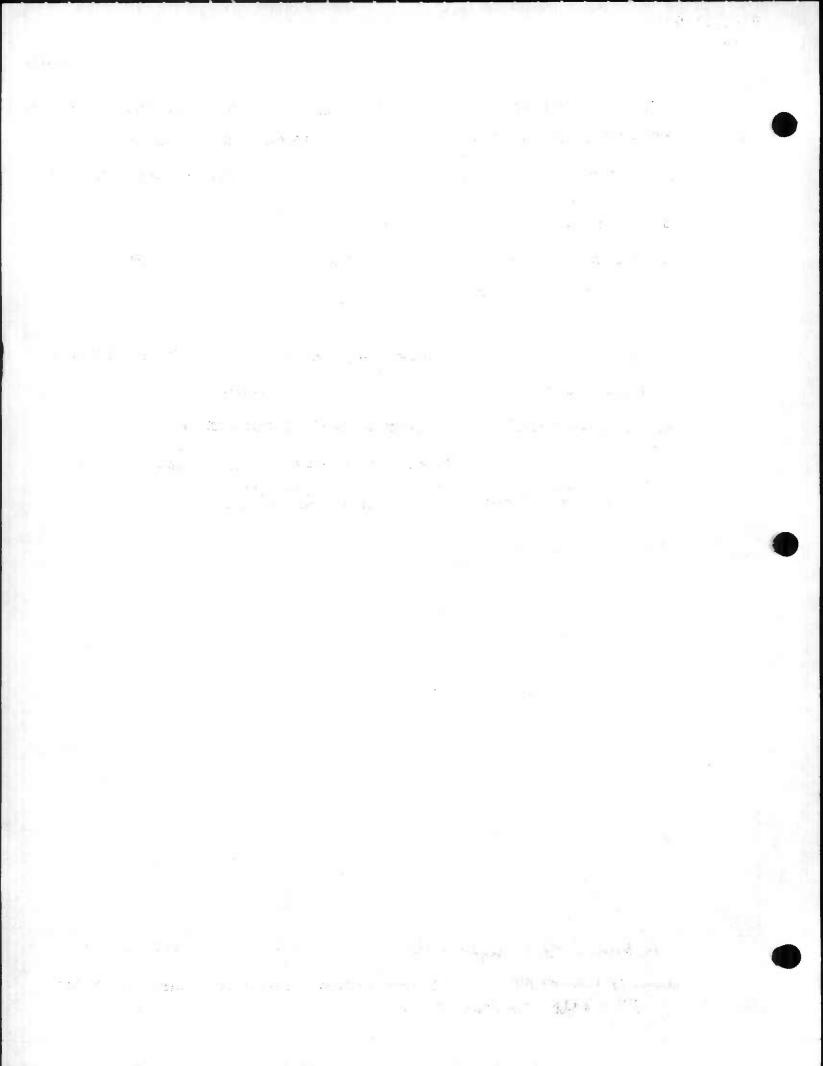
30. Nama and eddrass of person who complated cause of death (item 23a) (Type, Print)

DOWNER G. WRIGHT MD

111 Penn Street, Baltimore, Maryland 21201

State Registrar





State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 0 Month **Physician** 06 Day 6:10P.M. ARTHUR Τ. DUBREE /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Caroline Nursing Home Denton, Maryland Caroline 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Yeer | if Under 24 Hrs. 6. Dete of Birth (Month, Day, Year) 09/09/03 Birthplace (State or Foreign Country) **Funeral** 1 XM 2 F Months Deys Hours 92 Yrs. 212-03-4306 Director Maryland Usual Residence of Decedent 12 should be filed within 72 hours effer deeth with the Maryland nend Mentel Hygiene.

- Is marked other than "natural", or Hems 23s or 28s-f show 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be nothed at MD Caroline Preston 1 TXYes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 410 Linchester Road 21655 United States Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11. Maritai Status 1X Yes 2 No If Yes, Give Year or Dates: WW 1 ☐ Never Merried 2 X Merried altimore, Maryland 21215-0020 1 Yes 2000 Specify: White þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Coilega (1-4or 5+) Defense Department Auto Mechanic 6 permit. Pages 1 and 2 should be file Department of Health end Mentel Hy, Important: If them 27 Is marked othe any injury or other traumatic event, once. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Steven Thomas DuBree Florence Boyd 19a. fnformant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Route Number, City or Town, State, Zip Code) Laura E. DuBree 410 Linchester Rd., Preston, MD 21655 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 XBurial 2 Cremetion 3 Removel from Stete Junior Order Cemetery 7/9 4 ☐ Donetion 5 ☐ Other (Specify) Preston, Maryland 21. Signeture of Funerei Service Licensee 22. Name end Address of Fecility Framptom - Hawkins-Eskow Funeral Home PO Box 43, Federalsburg, MD 216.32

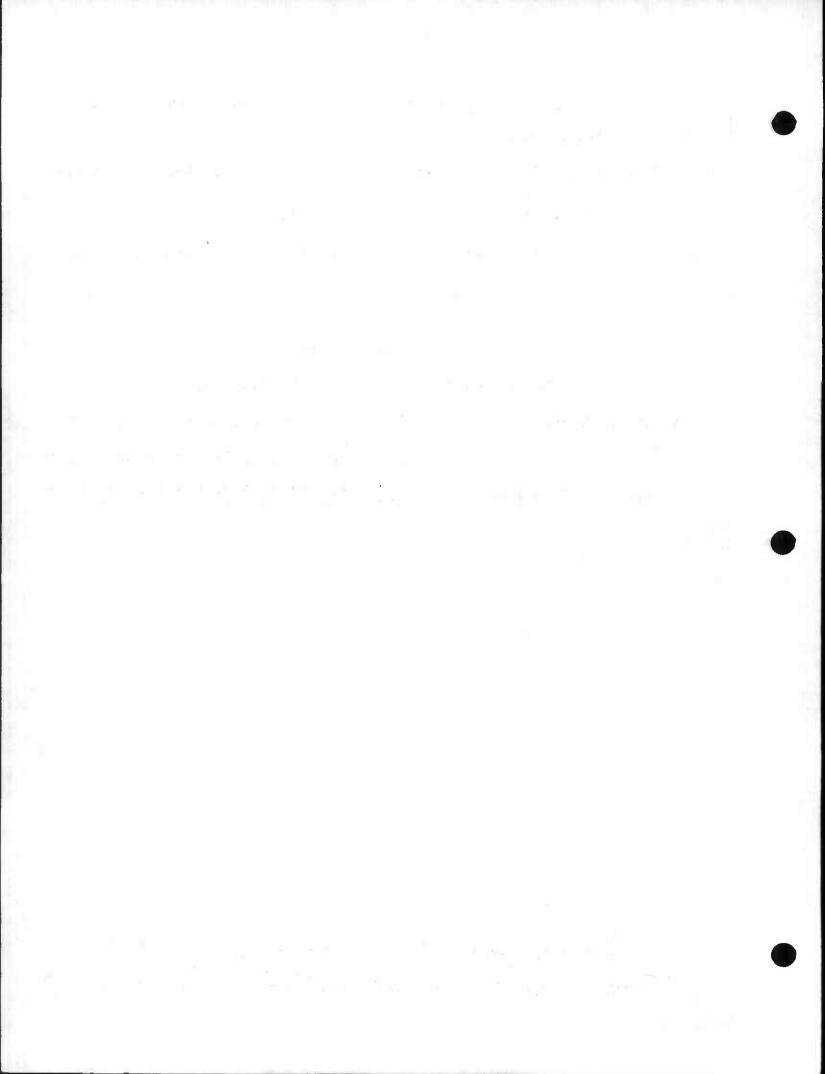
23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately approx Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as e consequence of): Examiner The law requires that the deeth certificete be executed ettending physician end for use as the buriel-transi Sequentially list conditions, if any, leading to immediate cause. Entar Undarlying Causa (Disaase or Injury that initiated evants resulting in death) Last Due to (or es e consequença of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. thed 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings evailable prior to completion of cause of death? should should 24a. Was an autopsy performed? Completed certificate has t lirector, page 2 s 2 3 No 1 Yes 2 No or Attending Physician: efter death. Director: After this certifica director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Invastigation Naturel 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) illed in by 4 - Homicide a Funeral edical TS Certifying Physician: To the best of my knowledga, daath occurred at the time, data and piece, and due to tha cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner stated. To the Hospi within 24 hou To the Funer completely fil 29a. Certifier 29b. Signature and title of certifier 29d. Date signed (Month, Dey, Year) 29c. License number 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 31. Date filed (Month, Day, Year) 96

32. Registrar's Signature

ha Davidson-Randall

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate d	of L	Death			Reg. No	٥.			, , ,
	4.4		1. Decedent's Neme (First, Middle, La	st)						1	2. Dete of De	ath		1200	3. Time	of Death
Physicia			MINNIE M. DAVIS							JUNE	28	У	L996	12:4	O PM	
	/Medid Examir		4a. Facility Neme (If not Institution, giv	a street and number)				4	b. City, Tow	n, or Loca	ation of Death	- 1		of Deeth	1220	
	LXUIIII	101	SALISBURY CENTER:	GENESIS E	LDERCAR	E			SALI	SBURY	MD.	W	ICON	4ICO		
-	Funeral		5. Social Security Number 6. S		e (In yrs. last bi		If Undar 1 Ye		If Under 2	4 Hrs.	Dete of Bid	th			slace (State	or Foreign
	Director		219-07-5300	I□M 2 QF	82		Months Da	lys	Hours	Min.	(Month, Da 02/0	3 / 1	4		ylan	or Foreign
	pue *		Usuei Residence of Decedent 10e. Stete 10b. County		10c. City, Tow	m or Loc	atlon							1	Od. Inside	City Limite
	sth with the Merylen 23s or 28s-f show	tor	MD Wicomi	СО	ros ony, ros			S	alis	bury	/					s 2 No
	7 28 7 28	Director	10e. Street and Number				10f. Zip Cod	da.				10g. Ci	tizen of '	What Cour	ntry?	
	3an d		200 Civic Ave	nue					218	01		Un	ite	d St	ates	
Maryland 21215-0020	deed deed	Funeral	11. Marital Status	12. Wes Decedent I	Evar in U,S.	13. W	es Decedent Yas, specify C	of Hi	spenic Orig	in? (Spec	ify Yas or No	-	14. Race - Ame			
	72 hours after deeth with the Merylend "natural", or items 23a or 28s-4 show dices Examinal must be notified at	þ	1 Navar Married 2 Married 1 Yas 2 No					s 212 No Specify:			Specify: Black					
2-0	n 72 ho	Completed	15. Decedent's Ed	ducation	18e	Deced	ent's Usuai Oc	cupe	ation	of working		16b. K	and of B	usiness/In	dustry	
21	- 3	ple	(Specify only highast gra Elemantary/Sacondary (0-12)	College (1-4or 5	+)		ind of work do O NOT usa re				,					
21		PO	7		·	Fac	tory	W o	rker		Food Processi				ng	
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/la	should be and Mentel a marked o umatic eve	To		John W.	Sampso	n			Mar	y E	. Sam	ipson				
an	d 2 should th end Men 7 is marke traumatic		19a, Intormant's Name/Ralationship (Type, Print)			Addrass (Str					-				
Σ			Marietta Kiah		4	023	Fair	٧i	ew A	ve.	, Bal	tim	ore	, MD	212	16
ore	ges 1 en It of Heal If item 2 or other		20a. Mathod ot Disposition	3-	20b. Placa o cemata	f Dispos	ition (Name of	f place	9)	1	Deta	20c. L	ocation -	- City or To	wn, Stete	
Baltimore,	Pag nt: H		1 X Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Othar (Spacif		Chest	er	Cemet	er	y	7 -	-2-96	Rh	ode	sdal	e. M	D
	permit. Pages 1 en Department of Heal Important: if item 2 any injury or other once.		21. Signature of Funeral Service Licer	nsee			Nama and Ad			,						
m	age and		Mulay 7-9	skow-		Fr	ampto	m -	Hawk	ins-	-Esko	w F	une	ral	Home	
			23a. Pert1. Entar tha disease, or com shock, or heart failura. List only	plicetions that caused	tha death. Do	not anta	Bx 4	dying	g, such as c	era ardiac or	raspiratory a	rrest,	MD	2103	Approxim	ata
	Physician	0	shock, or heart failura. List only	one ceuse on aach lir	a.										tntarval B Onset en	etween d Death
	/Medical		Immediate Causa (Final disease or condition results or condition results or condition results or condition						elon	ms (ANRO)			1	9 M	al	
	Examiner		disaasa or condition rasulting in deeth) Dua to (or as e consequence of):							- 1		-3				
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	certificete be executed ding physician end use as the buriel-transit	Examiner	Sequentially list conditions	b. —————	Due to (or es a	consequ	ianca of):									
ó	an er riel-tr		Causa (Disease or Injury that initieted avants resulting in death) Last Due to (or as a consequence of):													
68760,	ysicii	edical														
	tifice ng ph as th	Med														
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	0 0 2	Physician/	Pert il. Other significant conditions o	ontributing to death bu	it not resulting i	n tha un	deriving cause	a give	in in Part I.	···-	23b. Did	tobacco	UAR CC	ntribute t	o the cause	of death?
P.O	t the d by the tached	hy	A0-00	0 0	_	-						Yes 2		3 □ Pro		Unknown
95		by F	MINNE	1 for	men	411	7								. ,	
Records	v requires been sign should be	ted	(00)								24a. Was	en auto	psy	24b. W	ara autops ailabla prio	y findings
SCO	- D 0	plet	000								perio	illiour		CO	mpletion of death?	causa
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Vital	certificate	BeC	25. Was casa raferred to medical	ic pu	10801		060	,	26. Place	of Death	Check only o	-	(
	Physician: rthis certific ral director,	0	axaminar? 1 ☐ Yas 2 ☐ No	Hospitei:	nt 2 ER/O	utnatiant	3□ DOA	Othe			a 5□Rask		6 □O#	ar (Snecil	5v1	
0	tending Physician: leeth. tor: After this certific the funeral director,	<u> </u>	27. Mannar of Death	28e. Data of injur	y 28b.	Tima of	28c. i	njury			d. Dascribe				,,	
Division	or Attending I siter deeth. Director: After I in by the funer	Certification:	1 Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day	Year)	injury			i? Yas 2□N	lo						
18	Attend r deeth octor: /	fica	3 ☐ Suicida 6 ☐ Could not b	Zoa. Flaca of Inju		rm, stre	at, factory, offi	ica		28	28f. Location (Straet and Number or Rural Routa N			a/ Routa Nu	mber,	
ā	or A effer Direct Direct Direct	ert	4 Homicide	building, ato	. (Spacify)						City or Tov	vn, Stati	a)			
	To the Hospital or Att within 24 hours effer of To the Funeral Direct completely filled in by		29a. Cartifiar 17 Certifying Ph	yaician: To the best o	f my knowledge	, daeth	occurrad at the	a tim	a, date and	place, en	d dua to tha	causa(s	and m	enner es s	teted.	
	• Ho • Fu	edical	(Check only one) 2 Medical Exam	ninar: On the basis of and manner sta	axamination an	d/or inve	estigetion, in m	пу ор	pinion, deeth	occurred	det the time,	dete en	d placa,	and due to	tha cause	(s)
	Vithir Nomp	×	29b. Signetura end title of cartifiar				29c. Lic	ense	number			29d. Da	ıta signe	d (Month,	Day, Year)	
			1	As)		D 20	יחי	2			6	12	2/8	6	
			30. Name end eddrass of parson who completed cause of death (Item 23e) (Type, Print)										_			
		r.	MICHAEL ATKINS, M.	•	, ,		*	PIT	DV. M	י מ	1804					
	Sta	-	31. Dete filed (Month, Day, Year)		r's Signatura	_DU.	OVUTO	יטט	KL/ P	v. 4.	1004					
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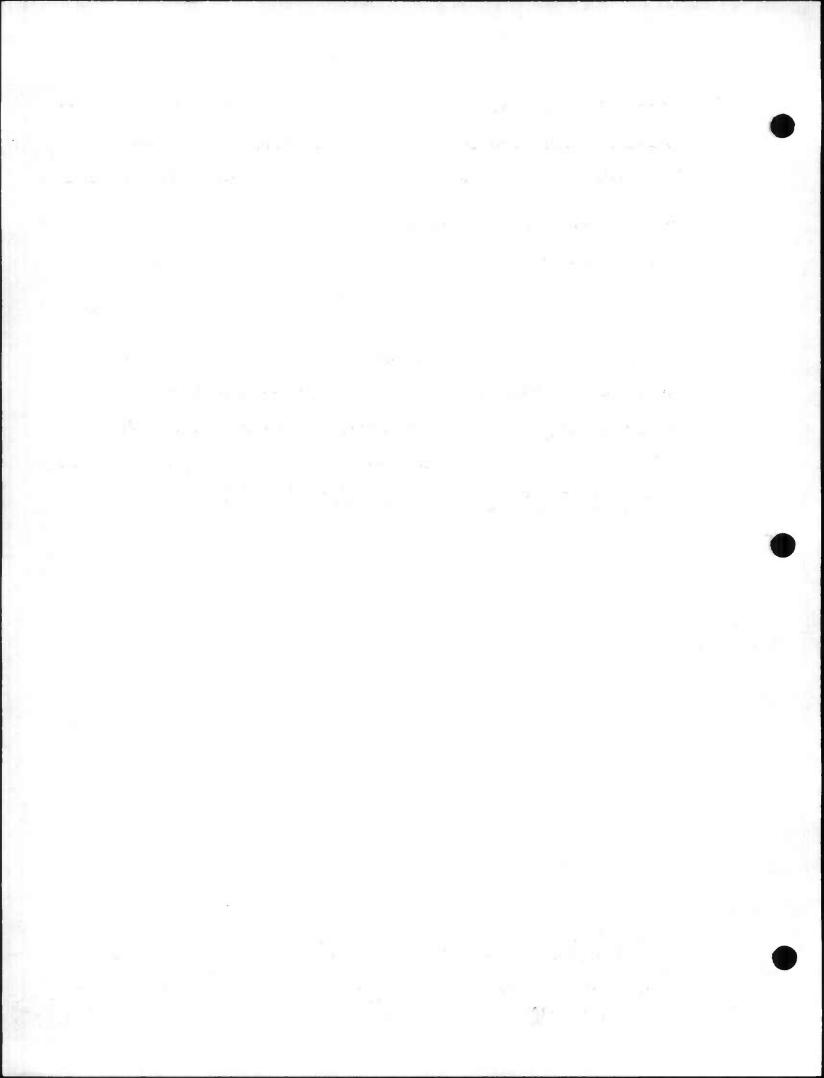
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			Decedant's Name (First, Middla, Las	State of Ma	iryland		rtment of				Reg. No.	6		553						
п	Physic	ian	Kenneth Bruce Ed	*						July 5	Day			17 P.M.						
ķ.	/Medi		4a. Facility Nama (If not institution, giva					4b	. City, Town, or Lo					LI F.M.						
	Exami	ner							rederick		Frederick									
	Funeral Director		5. Social Security Number 6. Se 214-34-0573	. Social Security Number 6. Sex 11 M 2 □ F 60									9. Birthplace (State or Foreign Country) Maryland							
	Maryland I-f show	tor	Usual Rasidance of Dacedant 10a. State 10b. County 10c. City, Town or Location Maryland Washington Gapland										10d. Inside City Limi 1 ☐ Yas 2 🎇 N							
	h the	Director	10e. Street and Numbar				10f. Zip Cod	la			10g. Citizan of	What Cou	intry?							
	th wit	a.	3409 Kaetzel Road		2177			79			USA									
20	be filed within 72 hours effer death with the Maryland hal Hygiene. Id other than "natural", or flems 23s or 28s-f show event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	1 ☐ Yas 2 🐧 No If Yas, Giva 1 ☐ Yas 2 Ū			as Dacedanf of Yas, specify C	anf of Hispanic Origin? (Specify Yes or f y Cuban, Maxican, Puerto Ricen, atc.)			14. Race - Amarican In Black, Whita, atc.			an,						
Ş	hour fural		15. Decedant's Edu	Yaar or Datas:		16a Deceda	ant's Heusl Oo	cunat	lon		16b. Kind of B		ite							
Maryland 21215-0020	should be filed within 72 nd Mental Hygiene. marked other than "na imatic event, the Moule	Completed	(Specify only highast grade Elamentary/Secondary (0-12) 12	la completed) Collega (1-4or 5-	16a. Decedant's Usual Occup (Give kind of work done of lifa. DO NOT usa retired Carman		na du	during most of working		Railroad		idustry								
Da	0 = 0 =	Be	17. Fathar's Nama (First, Middla, Last)						18. Mothar's Nama	(First, Middla,	Maiden Sumai	na)								
yla	Ment Ment arked	2	Kenneth Bruce Edw	ards, Sr.					Evelyn 0	neida B	adger									
Jar	2 sh and and		19a. Intormant's Name/Ralationship (T	ype, Print)		19b. Meiling	Addrass (Stre	eet a	nd Number or Rura	I Route Numbe	r, City or Town	, Stata, Zi	ta, Zip Coda)							
	earth m 27		Agnes V. Edwards	- Wife				_	Road - G	ad - Gapland, MD 21779										
altimore,	at of It		20a. Mathod of Disposition 1 X Burlal 2 ☐ Cremation 3 ☐ I	Removal from Stata	20b. Pi	matary, cram	ition (Nama of atory or other p	place)	Date	20c. Location	- Cify or T	own, Sta	nta						
E	tmer tant:		4 □ Donation 5 □ Other (Spacify,		Bro					7/8	Brownsv	ille	, Ma	ryland						
Ra	permit. Peges 1 and 2 should by Department of Health and Menta Important: If item 27 is marked any Injury or other traumatic ex 900.08.		21. Signatura of Funaral Service Licens	Som		E		-Sp	encer Fuerry, WV		ome									
361			23a. Part1. Enter tha disaasa, or comp shock, or haart failure. List only o	lications that ceused t ne cause on each line	the daath	Do not ente	r the moda of o	dying,	, such as cardiac o	r respiratory ar	rest,		Intarva	ximata al Batween						
	Physician /Medical Examiner		Immediata Causa (Final disease or condition rasulting in death) SQUAMOUS CELL LUNG CA						CANO	ER			1	and Death						
	ocuted ind transit	Examiner	Sequentially list conditions,	b. ————		as e consequ														
Box 68/60,	law requires that the death certificate be executed as been signed by the attending physician and a should be detached for use as the burial-transit	edicai	Causa (Disaasa or Injury that initiated avants rasulting in death) Last Due to (or as a consequence ot):																	
7. 50	death ce	sician	sician	sician	Physician/M	sician	sician	sician	sician	Part II. Other significant conditions con	o. Intributing to death but	not rasu	iting in the un-	darlying cause	givar	n in Part I.	23b. Did tobacco use contribute to the cause of			use of death
S, F.C	res that the designed by the a	by Phy								101	∕es 2□ No	3□ Pro	obably	4 Unknow						
Division of Vital Records, P.O.	law requir	Completed								24a. Was a	an autopsy med?	an Cr	valiable p	opsy findings orior to n of causa						
<u></u>	The law	ပ္ပ								1 D Y	as 20 No	1	□ Yas	2 No						
	ysician: The is certificate director, par	Be	25. Was casa ratarred to medical axaminar?	doenitel:					26. Placa of Death	(Check only o	na)									
5	S 50	2	1 ☐ Yas 2 No 27. Mennar of Deeth	lospital: 1 ☐ Inpatian 28a. Dete ot Injury		R/Outpatient	3LI DOA	Othar	4 LI Nursing nor				ify)							
	Attanding Physician: or death. ector: After this certific by the funeral director,	tion	1 X Natural 5 □ Panding 2 □ Accidant invastigation	(Month, Day	y 28b. Time ot 28c. Injury at Work? M 1 ☐ Yas 2 ☐ No				28d. Dascribe how injury occurred											
DIVISI	To the Hospital or Attanding Ph Within Fahours elect death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Suicide 6 Could not be determined 28a. Placa of Injury - At homa, tarm, straat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or City or Town, Stata)								ber or Rui	ral Route	Number,							
	To the Hospital or A within 24 hours efter To the Funeral Directompletely filled in b.	edical (29a. Certifiar (Check only one) 1 ☐ Certifying Phy 2 ☐ Medical Exami	sician: To the best of ner: On the basis of a and manner state	ıxamınatı	ledge, daeth o on and/or inva	occurred at the estigation, in m	a time	o, deta and placa, a nion, daath occurre	ind dua to tha dead at tha tima, d	ause(s) and m data and place.	annar as	stated. to tha car	use(s)						
	To the within To the complex c	Σ	29b. Signature and title of certifiar 30. Nama and addrass of person who co	Mon	mo		29c. Lice				29d. Data signe 7/8/	od (Month,	Day, Ye	ear)						
			30. Nama and addrass of person who co	empieted causa ot de	ath (Itam	23a) (Type, P	rint)_	•	1 4			- +-								
			NEIL WARAVO	EKAR_ 1	SIP,	1475	1 ANEY	1 +	TVE. =20	4, FREG	ENICK	MI	1 21	702						

State Registrar

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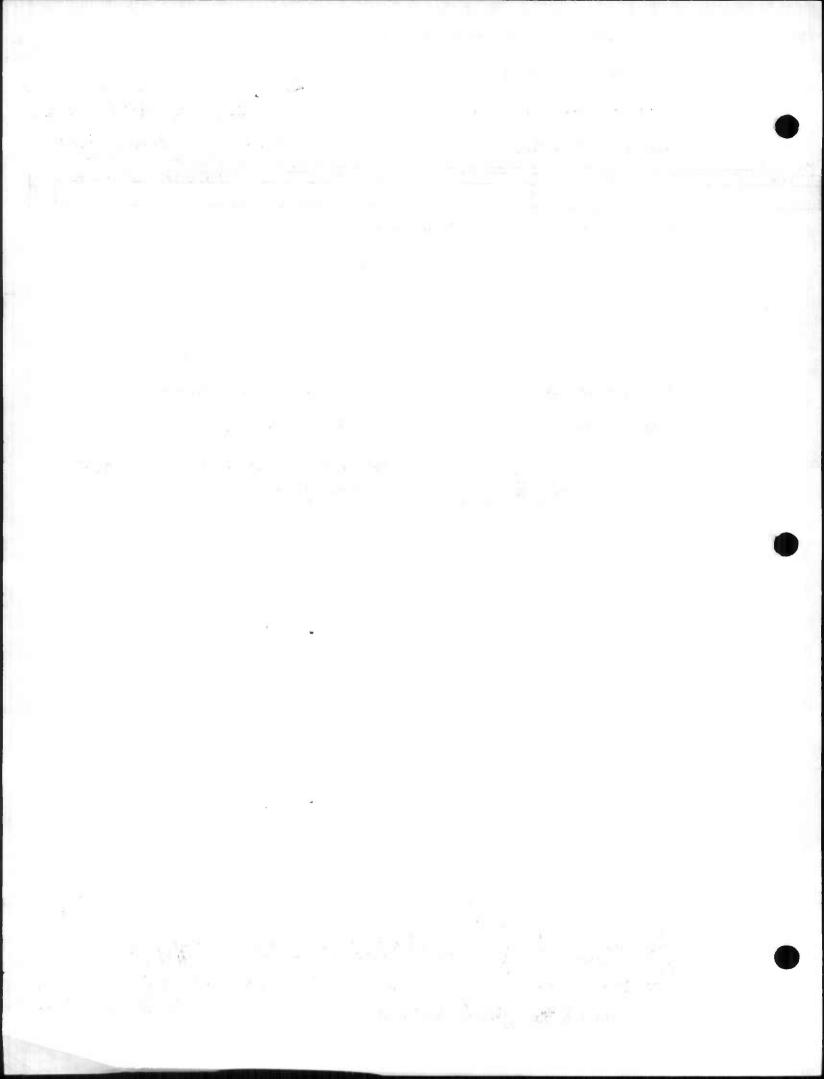
32. Besietzara Signatura



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

				001	unoute or	Dealli		Reg. No.			
Physic	ian	Decedent's Neme (First, Middle, Last)				-	2. Dete of De Month		Yeer 3. Time of Deeth		
/Medi		Lillian Caroline Eddy					1996 1910pm				
Exami	ner	4e. Fecility Neme (If not institution, give street and number)				4b. City, Town, or Location of Deeth 4c. County of Deeth					
		Washington County Hosp 5. Sociel Security Number 6. Sex	7. Age (In yrs. I	ast hirthdev)	If Under 1 Year	Hagerstov	Shing to N 9. Birthplace (State or Foreign				
Funeral Director		200-24-1467 1□ M 2D		69 Yrs.	Months Deys	Hours Min.	8. Dete of Bir (Month, De April 1(Country) Sharpe, PA		
		Usuel Residence of Decedent						1911/41	daile, in		
ehow	_	10e. Stele 10b. County 10c. City, Town or Location									
ha M	Director	PA Fulton	Mer	cersbu					1 ☐ Yes 2/ No		
with t	늄	10e. Street end Number			10f. Zip Code			10g. Citizen of	Whet Country?		
8 23	Funerai	RD 3 Box 79 11. Maritel Status 12. Wes	S 13 V	17236	dispanic Origin? (Sr	acify Ves or No	USA 14 Ber	ce - American Indien.			
of the control of the	Fun	1 Never Married 2 Married 1 □ N	ed Forces? Yes 2 X No			lispanic Origin? (Sp en, Mexican, Puerto	Rican, etc.)	Bie	ock, White, etc.		
yland 21215-0020 uld be filed within 72 hours effer deeth with the Meryland Mentel thygiene. riked other than "natural", or Items 23a or 28s-f show alto event, the Medical Experience mant be notified at	þ	If Yes	s, Give or Detes:	1	I□Yes 2∏ No	Specify:		Specif	White		
5-0 72 hc	Completed	15. Decedent's Education (Specify only highest grede comple	(ed)	(Give	lent's Usuel Occup	during most of work	(ina	16b. Kind of B	Business/Industry		
121 F = F = F = F = F = F = F = F = F = F =	I de	Elementery/Secondery (0-12) Colle	life. L	DO NOT use retire	d)						
d 2 Hygie ffert		17. Fether's Neme (First, Middle, Lest)	Nurse	s Assist	18. Mother's Nem		Services				
d be entel	To Be	William H. Keefer					rene Jo				
Maryland d 2 should be file th end Mentel Hy 7 is merked oth treumetic event	-	19a. Informent's Neme/Reletionship (Type, Print))	19b. Meilin	g Address (Street	and Number or Rui			, Stete, Zip Code)		
Te, Marine 1 end 2 Health 6 em 27 is other trees		Calvin V. Eddy		RD 3	Box 79	Mercersh	ourg. PA	17236			
		20e. Method of Disposition 1 X Burial 2 ☐ Cremetion 3 ☐ Removel f		ece of Dispos	sition (Neme of netory or other ple		Dete		- City or Town, Stete		
Peges ment of I ant: If its ury or o		4 Donetion 5 Other (Specify)	4000 Text to 5000	xh Chri	stian Ceme	etery 7	7/6/96	Big Cove T	Tannery, PA		
Baltimo permit. Peges Depertment of Important: If it any injury or once.		21. Signature of Funeral Service Lineaux	1		Neme end Addre	ess of Fecility eral Home		0	,		
20360		thee V	grove	P.	0.Box 36	8 Hancock	MD_	21750			
	0	23a. Pert1. Enter the disease, or complements is shock, or heart feilure. List only see Jause	hat caused the death on each line.	Do not ente	er the mode of dyir	ng, such es cerdiac	or respiretory e	rrest,	Approximete Intervel Between Onset end Death		
Physician /Medical		Immediate Course (Final									
Examiner		Due to (or es e consequence of): Due to (or es e consequence of):									
	ner		00000	es e conseq	2 1 0 1 A	A O	11 000	00 1	1000		
acuted and transi	Examiner	Sequentially list conditions,	Due to (or	es e conseq	uence of):	Tuc 12	WC/YV	The same	Date of C		
60, be ext											
Box 68760, eath certificate be executed ettending physician and I for use as the buriel-transit	edicai	thet Initiated events ' resulting In deeth) Lest Due to (or es e consequenca of):									
Certification of the second of	an/M	d									
death death	sicia	Pert II. Other elgniffcant conditions contributing	to death but not resu	lting in the ur	deriving ceuse giv	ven in Pert I	23b Did	tohacco use co	ontribute to the causa of death?		
at the riby th	Physicia	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No									
es the	by								,		
Records, P.O. is lew requires that the de has been signed by the ge 2 should be deteched	Completed	Auto Innu	o home	al wx	7, A	10.01		en eutopsy rmed?	24b. Were eutopsy findings eveileble prior to		
40 6 80	nple	7,000,000			4	revelle			completion of cause of death?		
- t = g							101	Yes 2 No	1 ☐ Yes 2 ☐ No		
r VITAI Kr rsician: The li s certificate ha director, page	Be C	25. Wes cese referred to medical examiner? 1 Yes 2 No Hospitel:			Oth	26. Plece of Deel					
Phys or this	n: To	27. Menner of Deeth 28e. D	Date of injury	ER/Outpetien 28b. Time of	T 3LI DUA	4 LI Nursing Ho		dence 6 Oth			
nding ath. r: Afte	atio	1 Naturel 5 Pending 2 Accident Investigation	Month, Dey Year)	Injury		8c. Injury et 28d. Describe how injury occurred Work? 1 Yes 2 No					
Invision I or Attending after death. Director: After din by the fune	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. F	Plece of Injury - At hor	me, farm, stre	et, fectory, office	28f. Location (Street end Number or Rural Route Number, City or Town, Stele)					
urs af											
LIVISION OF VITA To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completaly filled in by the funeral director,	edica	29e. Certifier 1 ☐ Certifying Physician: To 2 ☐ Medicaf Examiner: On the	ne basis of exemineti	vledge, deeth on end/or Inv	occurred et the tir estigation, in my o	me, dete end piece, pinion, deeth occur	end due to the red et the time,	ceuse(s) end models date end plece,	enner es stated. end due to the ceuse(s)		
ro the vithin ro the	Me	29b. Signature and title of certiflier	menter stated.	- 11	29c. Licens	e number		29d. Dete signe	ed (Month, Day, Year)		
->-		tredo. 1	1 /2.	MA	1-1/2	2123	,	This	26		
	1	30. Marina end eddress of person who completed	cause of deeth (Item	23e) (Type, I	Print)	-00		117	4		
		Frederic 1t.	1 22AX	11 1	ml 1	199 6	towel	1 Rd)		
Sta Registr		31. Dete filed (Month, Day, Year)	2. Projetrer's Signati	ure Rank	M			Neje	1 town ho		

State Registrar



State of Maryland / Department of Health and Mental Hygiene

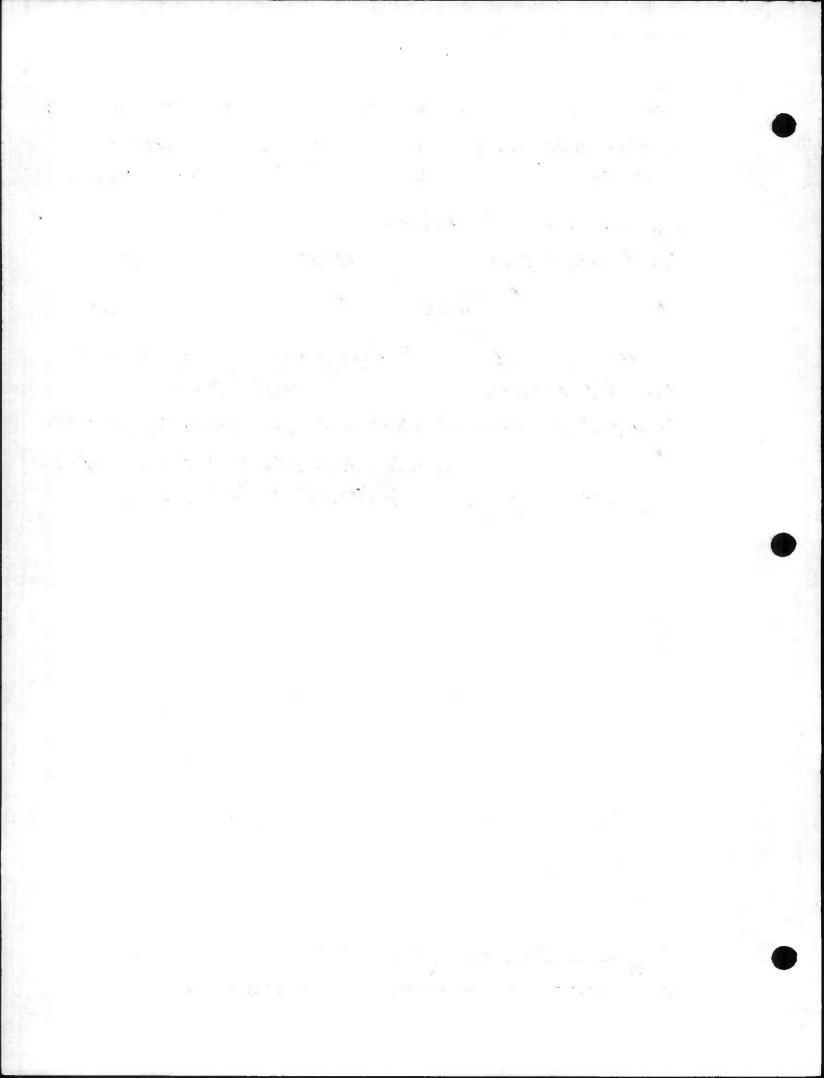
					Certifica	e of	Death		Reg. No.			
		1. Decedent's Neme (First, Middle, Last)					2. Dete of D	eeth	Vaar	3. Time of	f Death
Physic /Medi		WAYNE	ELMER]	FEAGA			JULY	3, 19	96	2:08	pm
Exami		4e. Fecility Neme (If not institution, give	street and number)			4	4b. City, Town	, or Location of Dee	th 4c. Count	y of Deeth	***************************************	
		Frederick Memoria					Frede		Fr	ederi	ck	
Funeral Director		5. Sociel Security Number 6. Se 220-10-5098	7. Age (III	n yrs. last birth	Months	Deys	If Under 24 Hours	Min. (Month, D	irth Year) 19 Y 16,19	9. Birthi Cour Mar	piece (State ontry) Yland	or Foreigi
yland		10e. Stete 10b. County	10	c. City, Town	or Location					1	10d. inside Ci	ity Limits
he Mar 28a-f at correct	Director	Maryland Frederic 10e. Street end Number	k	Freder								2 No
a 23a or		902 Pine Avenue			21	701			10g. Chizen of United	Stat	es	
filed within 72 hours aftar death with the Maryland Hyglena. ther than "natural", or Items 23a or 28s-f show int, the Medical Examinar must be notified at	by Funeral	11. Meritel Stetus 1 □ Never Merried 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Decadent Eve Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes:	r in U,S.	13. Wes Dece If Yes, spe		Specify:	n? (Specify Yes or N Puerto Rican, etc.)	Special	ock, White,	can Indien, etc.	
natur natur	eted	15. Decedent's Edu (Specify only highest gred		16e. l	Decedent's Usu Give kind of w	ei Occup	ation during most of	f workina	18b. Kind of E	Business/In	dustry	
filed within Hygiena. Ather than	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)		Give kind of wi life. DO NOT L CREHOUS				Janito	rial.	Supplu	ı Co.
tal Hyg d other	BeC	17. Fether's Neme (First, Middle, Last)		1 111				Neme (First, Middle				
2 should be filed and Mental Hygis is marked other numatic event, I	To B	William C. Feaga					Blan	che V. St	alou			
d 2 should th and Mer 7 is marks traumatic		19e. informant's Neme/Reletionship (T)	rpe, Print)	19b.	Melling Addres	s (Street		or Rural Route Num		, Stete, Zip	Code)	
27 Pert		Eleanor S. Feaga		90	2 Pine	Aven	ue. Fr	ederick.	MD 2170	01		
8 0 = 0		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ F	lemover from State	20b. Pieca of to cemetery	Disposition (Ne , cremetory or	me of other piec	ce)	Dete	20c. Location			
Department Department (Importent: If any Injury or Once.		4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licens		nagers.	town Cr	ed Addres	on of Position	17-6-96			Maryl	and
Dep vine		172 e P. T	3. Mac	Kaz	Stau 66	er F	uneral	Homes, P Pike, Fr	A. oderich	MD	21702	
		23a. Pert1. Enter the disease, or compi shock, or heert feilure. List only or	icetions that caused the ne ceuse on each line.	deeth. Do no	ot enter the mo	de of dyin	ng, such es ca	rdiec or respiratory	errest,		Approximet Interval Bet Onset and I	te Iween
Physician /Medical Examiner		Immediate Cause (Fine) disease or condition resulting in deeth)	Core	o to (or as a co	2 (to sonaupaano	Sen	4 -	مينا			194	, ~
uted d ansit	Examiner). ————————————————————————————————————	to (area a a						1		
cata be axecuted physician and s tha burial-transit		Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury		3 to (or es e co	onsequence of)							
E 98	Medical	thet initiated events resulting in deeth) Lest	Due	to (or es e co	nsequenca of):							
eath ce ettendir for usa	lan									i		
res that tha dei iigned by the e i be detached f	Physician/	Pert ii. Other stgnificant condittons cor	stributing to death but no	ot resulting in	the underlying	ause giv	en in Pert I.		i tobacco ues co Yes 2□ No	ontribute to		of death Unknow
res the signed to be de	by											d' - d'
a law requires has been sign ge 2 should be	Completed								s en eutopsy formed?	ev	ere autopsy freiable prior to empletion of d death?	to
The ata h	Com							1□	Yes 2000	1[□Yes 2년	No
Physicien: The this certificata rai director, par	Be	25. Wes case referred to medical exeminer?						Deeth (Check only	one)			
Physic this o	2	1 ☐ Yes 2 ☐ No	lospitel: 1 ☐ Inpatient 28a. Dete of Injury (Month, Day Ye	2 P€R/Outp		DA Oth 28c. Injun	4 🗀 IANISI	ng Home 5 ☐ Res			(y)	
of the unit	atlon:	27. Menner of Deeth Neturei 5 ☐ Pending 2 ☐ Accident investigation	28d. Describe	how injury occu	rred							
or At efter of Direct in by	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Injury building, etc. (S	At home, farr	n, street, fector	y, office			(Street end Num own, State)	ber or Run	al Route Num	nber,
Hospital 24 hours Funeral tely filled	edical	29e. Certifier 1⊅Certifying Phys (Check only one) 2 Medical Exami	piece, and due to the occurred at the time	e ceuse(s) end m e, dete end piace,	enner as a and due to	iteted. o the cause(s	1)					
0 2 0		20h Signature and title of conflict		29d. Dete signe	ed (Month,	Dey, Year)						
vithin 2 Fo the I complet	29b. Signeture end title of certifier 29c. License number								-	I.		
To the Mithin 2 To the F	M	250. Signature end title of certains	le			9 2	164	8	1/3	790	5	
To the within 2 To the 1 complet	W	30. Name and address of person who co	mpleted cause of deet	(Item 23e) (T) >		21701	1/3	790	5	

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State of Maryland / Department of Health and Mental Hygiene

			Decedent's Neme (First, Middle, Last)		Certif	ficate of	Death	2. Date of Dea	Reg. No.	30	3. Time of Death
ш	Physic	ian	Dr.		upp	מד		Month 07	Day O3	Year O.G	0100
	/Medi Examir		DONALD F 4e. Facility Name (If not Institution, give s	FLETC	DEK (JR	4b. City, Town, or L			96 of Death	0100
	LABIIII	101	PENINSULA REGIONAL		D		SALISBURY	7	WICOM		
	Funeral		5. Sociel Security Number 6. Sex	7. Age (In yrs. las	birthday) H	Under 1 Yeer	If Under 24 Hrs.	8. Date of Birth (Month, Day		9. Birthpi	ace (State or Foreign
	Director		420-14-2110 Usuei Residence of Decedent	M 2□F 7	8 Yrs.	lonths Deys	Hours Min.	01-10	-18	Virg	inia
	yland		10a. State 10b. County	10c. City, 7	own or Locati	ion				10	d. Inside City Limits
	he Mar 28a-f si pytified	Director	Virginia Accomac	K Atla	ntic						1 ☐ Yes 2 ☑ No
	with	P	10e. ≸treet and Number	01	1	10f. Zip Code	0		10g. Citizen of V	Whet Count	try?
	leath	Funeral	11. Maritai Status	Wes Decedent Ever in U.S.	13. Wes	Decedent of	dispanic Origin? (Sr	ecify Yes or No-	14. Rac	a - America	an Indien.
21215-0020	iges 1 and 2 should be filed within 72 hours after death with the Maryland it of Heelth and Mental Hygiene. If item 27 is marked other than "natural", or itams 23a or 28e-f show or other traumatic avant, the Medical Examiner must be notified at	by	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes: 14/4/7/		Yes 2 No	dispanic Origin? (Sp an, Mexican, Puerto Specify:	Rican, etc.)	Specify Specify	k, White, e	etc.
2-0	72 ho	Completed	15. Decedent's Educ (Specify only highest grade	cation (completed)	6e. Decedent	's Usuei Occup	pation	rina	16b. Kind of Bu		
121	within then the	mple	Elementary/Secondary (0-12)	Coilege (1-4or 5+)	AA I		during most of work		0-1	0	1.
	Hygie Hygie ther ti		17. Father's Name (First, Middle, Last)	6	Medi	cal 1	18. Mother's Nem	o /First Middle	Private	Tra	ctice
	Mental I Merked of arked of	To Be	Donald F. Fle	tcher, Sr			Eladie	Jon		10)	
lan	2 should and Mer is marks sumatic		19a. Informant's Name/Reletionship (Type		19b. Mailing A	ddress (Street	and Number or Rui			State, Zip	Code)
	1 and Heelth em 27 ther tr		Susan M. Fletche	r (daughter)	8 Wint	erquert	ers Drive	, rocomok		Md.	21851
altimore,	Pages 1 nent of H nt: If ite iry or ot		20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Re		a of Disposition	on (Name of ory or other pla	ce)	Date	20c. Location -	City or Tov	wn, State
E I			4 Donation 5 Other (Specify)	John	W. lay	or Mem	orial Cem.	7/7/96	lemperal	rcevii	le, Va
Ba	pemit. Departr Importu any inju		21. Signeture Funeral Service License	10.00	Me	ome end Address	Euneral ,	Hone	,		
			23a. Part1. Enter the disease, or compile shock, or heart failure. List only on	pations that caused the death	Po not enter the	BOX 64,	Beamoke	City, Ma	2185	/	Approvimate
	Physician /Medical Examiner		tmmediate Cause (Finel disease or condition resulting in death) a	ARTERIOSCLERO		RDIOVAS					Approximate Interval Between Onset end Death
	D #	ner		230 10 (01 21	5 a 6011564561	100 01/.				1	
'n	execute an and riel-trans	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Due to (or as	s a consequen	ica of):					
68760,	tificate be executed g physician and as the buriel-transit	edical	Cause (Disease or Injury that initiated events resulting in deeth) Last	Due to (or es	a consequen	ca of):					
		M	d								
n	death e atte	sicia	Part II. Other significant conditions con	tributing to death but not resulting	a in the under	riving cause of	ven in Part I.	23b. Did t	obacco use cor	ntribute to	the cause of death?
0.	thet the death cert ed by the attendin detached for use	/ Physician/№									ebly 4⊠Unknowr
Hecords,	lew requires thet the death cer as been signed by the attendir s 2 should be detached for use	Completed by							an autopsy med?	ava	re autopsy findings ilable prior to appletion of cause leath?
	The lev ate has page 2	mo						1 D Y	es 2 No		lYes 2□ No
		BeC	25. Was case referred to medical				26. Piace of Deal		21		
	Physici this ceral direct	To	examiner? 1 X Yes 2 □ No	ospitel: 1 ☐ inpatient 2 💢 ER	/Outpatient	3 DOA Ot	nor:	ome 5 Resid		er (Specify)
Division of	Attending Physician: r death. ector: After this certific by the funeral director,		27. Manner of Death 1 ANeturel 5 Pending 2 Accident investigation	ry at rk? ∣Yes 2 □ No	28d. Describe h	ow injury occurr	red				
DIVIS	or Attendiate death Director: A	Certification:	3 Suicide 6 Could not be determined	28e. Piaca of Injury - At home building, etc. (Specify)	, farm, street,	factory, offica		28f. Location (S City or Tow	Street and Numb m, State)	er or Rural	Route Number,
:	To the Respital or Attending Phy within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edicai C	29a. Certifier (Check only one) 1 Certifying Physics 2 Medical Examin	ician: To the best of my knowle er: On the besis of examination end menner steted.	dge, death oc and/or invest	curred et the ti igation, in my d	me, dete and place, opinion, death occur	and due to the o	cause(s) and ma date and placa, a	nner as ste and due to	eted. the cause(s)
	To the To the compl	Me	29b. Signeture end title of cartifier			29c. Licens	se number	- 2	29d. Date signed	d (Month, E	Day, Year)
)		40	John 60	Sulbely	D.M.E.	D0359	9		07–03–9	6	
			30. Name and address of person who cor	npleted cause of death (item 23	la) (Type, Prin	t)					
		te	JOHN T. BULKELEY, 31. Dete filed (Month, Day, Year)	M.D., 108 PINE	BLUFF	ROAD,	SALISBURY	MD 218	01		

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 2 | 557

					Certifica	ate of	Death	F	leg. No.) 41	001	
61		1. Decedent's Neme (First, Middle, Las	st)					2. Dete of Dee Month	ith		3. Time of Death	
Physici /Medic		Bertha C. H	ockler					July	Dey 2	Yeer 1996 1	:55 a.m.	
Examir		4e. Fecility Name (If not institution, give	street end number)		-		4b. City, Town, or	Location of Deeth	4c. County			
		302 East Cecil A	venue				North	East	Ce	ecil		
Funeral		5. Sociei Security Number 6. S		(In yrs. lest birt	hday) If Uni	der 1 Yea	r If Under 24 Hr	s. 8. Dete of Birth (Month, De)	Vaarl		e (Stete or Foreig	
Director		212-38-4289 Usuei Residence of Decedent	□M 2⊠F	92	rs.	is Dey:		September			ryland	
ylan How		10e. Stete 10b. County		10c. City, Town	or Location					10d.	Inside City Limit	
Ma	ţ	Maryland Ceci	1		Nort	h Ea	et				1 ☐ Yes 2X N	
128	Director	10e. Street end Number				Zip Code			10g. Citizen of	Whet Country's	?	
38 O	0	302 East Cecil A	Wanua				21901		United	Chahaa		
23	er	11. Meritel Stetus	12. Wes Decedent E	ver in U,S.	13. Wes De	cedent of		Specify Yes or No- rto Rican, etc.)		e - American		
Health and Mental Hyglens. I health at 27 is marked other than "natural", or itema 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at	by Funeral	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Year or Detes:	0		pecify Cu		rto Rican, etc.)		ck, White, etc. y: Whit		
Z IIO	Completed	15. Decedent's Ed	ucation	16a.	Decedent's U	suel Occi	pation		16b. Kind of B	usiness/Indust	try	
Med	pie	(Specify only highest gra- Eiementery/Secondery (0-12)	de com <i>pleted)</i> Coilege (1-4or 5-		(Give kind of life. DO NOT	work don Use retir	e during most of wo	orking	Educata	ion/	100	
Hyglene. ther than ont, the Me	mo	Clambriday/Secondary (0-12)	2		cretar	·v			High S			
and Mental Hyglene. s marked other than surratic event, the M	BeC	17. Fether's Name (First, Middle, Last)				-	18. Mother's Ne	eme (First, Middle,				
ental ked o	ToB	William J. Camer	on				Honri	etta J. S	m-i + h			
nd Men	F	19e. informent'e Neme/Reletionship (7		19h	Meiling Addre	ass (Stree		Rural Route Numbe		State Zin Co	orla)	
th er trau					_						.Je)	
Health iem 27 i other tra		Edwin B. Fockler 20e. Method of Disposition	, III					, Elkton,	MD 219		Ctata	
		1 ☑ Buriai 2 ☐ Cremetion 3 ☐	Removel from State	20b. Pleca of cameter				1	200. Location	City of Town,	Stele	
in ed Jury		4 ☐ Donetion 5 ☐ Other (Specify)	St. Ma	ry Ann	e's	Cemetery	7/5/96	North H	East, M	laryland	
Department of Hee important: If Item any injury or other once.		21. Signeture of Funeral Service Licen	109	7	Crouc	and Add	ress of Facility Hor	ne				
207 2 2 2		(V. L. 94)	Sugar		127 S	outh	Main St	reet, Nor	th East	- MD 2	1901	
		23a. Pert1. Enter the disease, or companies, or heart failure. List only of	plications that caused	the deeth. Do n							proximete	
/Medical examiner	iner	Immediate Cause (Finel disease or condition resulting In death)	onsequence of		W a	seas	2	1				
physician and s the buriel-transit	ai Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury	С	Due to (or es e c	onsequence o	of):						
_ D 66	n/Medical	resulting in deeth) Lest	d	oue to (or es e c	onsequence o	f):						
attendir for use	Physician/	Deat II Other steel Manat and dates and										
as been signed by the a	ys	Pert II. Other significant conditions co	intributing to death but	not resulting in	the underlying	g cause g	iven in Pert I.				e cause of death	
dete dete								101	es 2 No	3 Probab	ly 4□ Unkno	
5.8	Completed by				4			24e. Wes e		compi	eutopsy findings ble prior to etion of cause	
ate has page 2	g I									of dee	th?	
, page	ပိ							1 🗆 Y	es 2 No	1 □ Ye	es 2 No	
is certificate director, par	Be	25. Wes case referred to medical examiner?						eth (Check only or	ne)			
0 0	2	1 165 2 140	Hospitei: 1 ☐ Inpatien		patient 3	DUA		Home 5 TResid				
h. After ti funera								28d. Describe h	ow injury occur	red		
or death. ector: Afte by the fune	atic	2 Accident investigation	Yes 2 □ No									
afte Die	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Piece of Injur building, etc.	ry - At home, fer (Specify)	m, street, fact	ory, office		28f. Location (S City or Tow	treet end Numt n, Stete)	per or Rurel Ro	oute Number,	
within 24 hours To the Funeral completely filled	edical (29e. Certifier 1 Certifying Phy (Check only one) 1 Medicai Exam	sician: To the best of iner: On the basis of e end menner stet	exemination and	deeth occurre /or investigeti	ed et the toon, in my	ime, dete end plac opinion, deeth occ	e, end due to the ceuse(s) end menner as steted. urred et the time, dete end plece, end due to the cause(s)				
within To the compl	₹	29b. Signeture and title of certifier			2	29c. Licen	ise number		29d. Dete signe	d (Month Deu	(, Year)	
- ≱ ⊨ ŏ		W.n. 1)	0- 11	1.10	100	NI	40111 -	1	00/0	0/01	,	
		Allaku	danie	uni	(NY)	119	wyw -	T	0+16	12176		
10		30. Neme and eddress of person who c	ompleted cause of de	eth (item 23a) (Type, Print)	1. 6	-) .	c -1	10.1	1		
		hella sirdan-18	yan, mi	D.1111	west t	Tigh	Street	Suite 20	4 Elk	ton. M	nd 2192	
Stat	te	31. Dete filed (Month, Dey, Year)	32. Registre	's Signeture	L	9			,			

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Year **Physician** Month JAMES EDWARD FADELEY JULY 1996 6, 11:15PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Daeth 4c. County of Death **Examiner** 32 LAVALE BLVD LAVALE ALLEGANY If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | JULY 22 1930 5. Social Security Number 9. Birthpleca (State or Foraign Country) MARYLAND 7. Aga (In yrs. iast birthday) **Funeral** 1 MM 2□ F Yrs. 217-28-0170 Director 65 Usual Rasidence of Dacedani 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at Yas 2 No Directo MARYLAND ALLEGANY LAVALE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? ò 238 32 LAVALE BLVD S 21502 Items : 12. Was Dacadant Evar In U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indien. Bleck, Whita, atc. Peges 1 and 2 should be filed within 72 hours efter 1 M Yes 2 □ No If Yes, Giva 2/17/55 Yaar or Dates: 1 Never Merried 2 Married 6 Baltimore, Maryland 21215-0020 1 Tas 2 No Specify: Specify: WHITE by 3 Widowed 4 Divorced 'natural' 2/7/57 da. Completed Decedant's Usual Occupation (Giva kind of work dona during most of working iifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Hyglene. Elamantary/Secondary (0-12) Collage (1-4or 5+) MECHANIC AUTOMOTIVE/EQUIPMENT 6 marked other 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Be Department of Heelth and Mental important: If Nem 27 is marked or any injury or other traumatic evergonse. MELVIN RUTH MCKENZIE FADELEY 19a. Informent's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) LAVALE, MARYLAND 21502 MARTHA MARIE FADELEY 32 LAVALE BLVD 20b. Place of Disposition (Nama of cemetary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Buriel 2 Cramation 3 Ramoval from Stata EMMANUEL METHODIST CEM 7/9 4 ☐ Donetion 5 ☐ Othar (Specify) FINZEL, MARYLAND 21 Signature of Furural Service Licenses 22. Nama and Addrass of Fecility HAFER FROSTMANSION FUNERAL HOME 58 FROST AVE FROSTBURG, MARYLAND 21532 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest shock, or heart failure. List only one cause on each line. Approximeta Intarval Batween Onset end Death Physician /Medical immediata Ceusa (Final 0 disaasa or condition rasulting in daath) Examiner s a consequance of) The lew requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Cause (Disaasa or injury that initiated evants rasulting in death) Last Dua to (or as e consequence of) Division of Vital Records, P.O. Box 68760. ettending physician I for use es the burie Physician/Medical Dua to (or as a consequence of): signed by the eld be deteched for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown à been signature Completed 24a. Was an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? s certificate hes director, page 2 200No 1 Yes 2 No Hospital or Attending Physician: 34 hours after death. Funeral Director: After this certifica liely filled in by the funeral director, p Be 25. Was casa referred to medical 28. Placa of Death (Check only ona) 0 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death Certification: 28b. Tima of 28c. Injury et Work? 5 Panding invastigation 1 Yas 2 No 2 Accidant 3 Suicida 6 Could not be datamined 28e. Plece of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 24 hours Medical Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Hospi within 24 hou To the Funer complejely fil 29a, Certifian 29b. Signatura and titla of durtifier 29d. Dete signad (Month, Day, Year) 29c. Licensa number 7+1 (Itam 28a) Type, Print OAD, Cum 28am 30. Nama and address of perso 31. Data filed (Month State Registrar EPADA,

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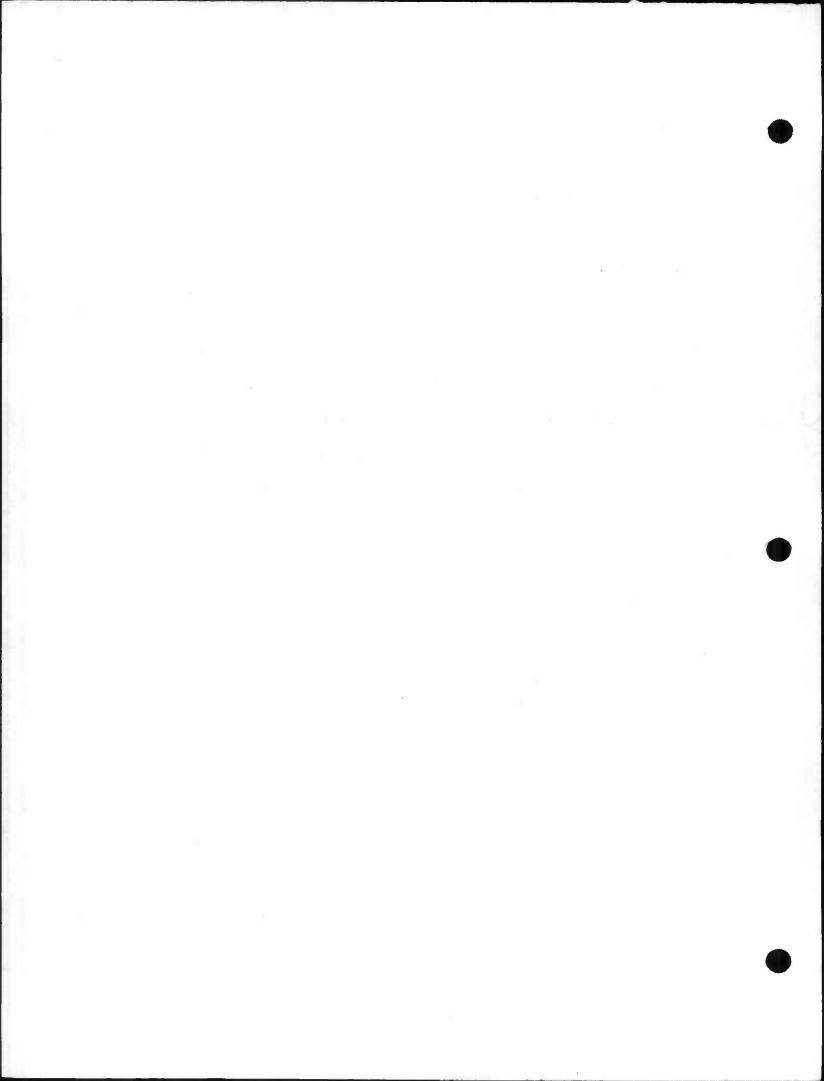
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTM			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)		OLITTICE OF	AIL OI	DEATH	2. DATE OF OEATH		3. TH	ME OF DEATH	
	Catherine McGovern	Carrigan For!	hane			July 3	1996		l:30 a	м
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs	"	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B		(State or Foreign	
	096-16-5335-A 1 Sa. FACILITY NAME (If not institution, give street	□ M 2 [*] F 88	YRS.	NTHE DAYS	HOURS MIN.	Sept. 21	1907 S	cot1a	and	
E O	Chestertown Nursing	,		Cheste	R LOCATION OF DE	ATH	9c. COUNTY C			
5	RESIDENCE OF DECEDENT 104. STATE 10b. COUNTY			DWN OR LOCAT						
DIRECTOR	Maryland Queen	Anne	10c. CITY, 10		sville			1	NSIDE CITY LIMITS? YES 2 NO	H
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT O	OUNTRY?	
FUNERAL	P.O. Box 163				21668		US			
	11. MARITAL STATUS 12 1 Never Married 2 Married	P. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	MNO NO	If yes, spe	cify Cuban, Mexica	IIC ORIGIN? (Specify Yer n, Puarto Rican, etc.)	or No- 14. F	RACE — An Black, Whit	nerican Indian, a, etc.	
BY	3 🖾 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATES		1 TYES	2 NO Specify	r	S	Specify:	White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ION 18a	. DECEDENT'S USI	JAL OCCUPATIO	N st of working	16b. KIND OF BU	SINESS/INDUSTF	łγ		
		College (1-4 or 5+)	(Give kind of work fife. Do NOT use re chef	tired.)		16				
MP	17. FATHER'S NAME (First, Middle, Last)		chei		18 MOTHER'S NA	SELI 6	employe	d		
	John Carrigan					th McGove				
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street si		Route Number, City or Tow		n)		
5	Michael J. Forhane		120 Pin	echip	Rd., Che	stertown,	MD 216	520		
	20a. METHOO OF DISPOSITION 1 Devial 2 Cremation 3 Removal	from State cemetery	CE AND DATE OF D	nlecel		1	CATION — City of			
	4 Donation 5 Other (Specify)	Ca	ptial Ci	remator	D ADDRESS OF FA		ver, De	lawar	:e	
	· Mech ()	lugh		Fleeg	le-Helfe	nbein Fund Greensbo	eral Ho	me 21639		
	23. PART I. Enter the diseases, or com shock, or heart failure. List	plicatione that caused the	deeth. Do not						Approximeta Intarval Betwe	
	IMMEDIATE CAUSE (Final								Onset and Da	ath
	disease or condition resulting in death) a	OUE TO (OR AS A COM	ual-	raile	ire			6	our	
		· Nephro	SEQUENCE OF):	2'0					jas Jean	
O.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A COM	SEQUENCE OF):	477					TREETS	
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	あるか	20					1	lean	
F	that initiated events	DUE TO (OR AS A COM	SEQUENCE OF):						1	-
CERTIFICATION	d									
AL	PART II. Other significant conditions of	ontributing to death but n	ot rasulting in t	ha undariying	cause given in	Part I. 24s. WAS AN			AUTOPSY FINDIN	IGS
200		horl unser				1 YES 2		COMP	ABLE PRIOR TO LETION OF CAUSI EATH?	ε
MEDIC	Hypoprolifera	tive Anesiic	a, earl	y game	grene for	et			YES 2 NO	
ä	DID TOBACCO USE CONTRIB	BUTE TO CAUSE OF D	EATH YES		UNCERTAIL					
PHYSICIAN:		OSPITAL:	PLACE OF DEATH (THER!						-
HYS	1 YES 2 NO 1	□ Inpetient 2 □ ER/Outpetien 28s. DATE OF INJURY	28b. TIME O			8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCURE	D		\dashv
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJUR	M 1 V						
ED B	3 Suicide 8 Could not be	28e. PLACE OF INJURY — A building, atc. (Specify)	t homa, farm, atre-	et, factory, office		28f. LOCATION (Street City or Town, State,		ural Route N	lumber,	
ETE	4 Homicide determined									
<u>-</u>		N: To the best of my knowledge	, death occurred a	t the time, data	and place, and due	to the cause(a) and ma	nner as stated.			
COMPL	one) 2 MEDICAL EXAMINER: C	On the basis of examination and	I/or investigation, i	n my opinion, d	eath occured at the	time, data and place, ar	nd due to the cau	use(s) and	manner as stated	l.
BE (29b. SIGNATURE AND TITLE OF CERTIFIED				29c. LICENSE NUI	MBER 2 / /	29d. DATE SIG	NED (Monti	h, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMBI ETED CAUSE OF DEATH	ITEM 270 (Time the	nel .	NOO.	354	1/3	186	•	
	C. Gottfred Baum	ann, M.D	100 Br	own S	A. (hestert	sion, 1	nd.	21620	
	31. DATE FILED (Month, 89, 996	32. HEGISTRAP'S SIGNATUR	Pandelle.							



FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle	e, Last)						7.00		2. DATE OF I	DEATH		YEAR	3. TIME OF DEATH
	Mary Ellen	GRI	MM							July	6	1996		10:15 p.m.
	4. SOCIAL SECURITY NUMBER	17.7	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	DAYS	IF UNDER		7. DATE OF E	SIRTH N. March			IPLACE (State or Foreign
11	217-07-0680		1 M 2 F	98	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec 28		97		ryland
	Sa. FACILITY NAME (If not institution	n, give st	reet and number)	The Man		96. CITY	, TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	
DIRECTOR	Colton Villa	Nur	sing Hom	ie			Hag	gerst	own			W	lashi	ngton
ត្ត	RESIDENCE OF DECEDE	COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
<u>ڄ</u>	Maryland W	Iach	ington											LIMITS?
	10e. STREET AND NUMBER	asn	Ligion					agers		1		10a CIT	IZEN OF V	1 ☐ YES 2 ☒ NO
FUNERAL	11421 Manse Ro	hod						217				109.011		
3	11. MARITAL STATUS	Jau	12. WAS DECEDER	T EVER IN U.S. AR	MED	13.	WAS DEC			NIC ORIGIN? (S	pecify Yes	or No	U.S	- American Indian
	1 Never Married 2 Marrie	id		MAR OR DATES	10		If yes, sp		in, Maxica	in, Puarto Ricar			Biaci	t, White, atc.
BY	3 X Widowed 4 Divorced							X	Opcon,					hite
COMPLETED	15. DECEDENT (Specify only higher	r'S EDUC	ATION completed)			USUAL O			na	16b. KIN	O OF BU	SINESS/IN		
	Elamentary/Secondary (0-12)		College (1-4 or 5	Hin.	Do NOT u	se retired.)				- 1				
F	10		0		Home	emake	r					vn ho	me	
8	17. FATHER'S NAME (First, Middle, L	ast)								ME (First, Middl		Sumame)		
BE	John Lewis 19a. INFORMANT'S NAME (Type/Pris	- Al								oeth Bo				
2	Betty J. Grim		Daughton							Route Number, (0
	20e. METHOD OF DISPOSITION	IIII / .	vaugnter	20b. PLACE	_	21 Ma			l Ha	gersto	_	CATION —		
	1 X Burlel 2 Cremation 3 4 Donation 5 Other (Specific		rval from Stata	cemetery, cre Rest					7/	1				Maryland
	21. SIGNATURE OF FUNERAL SERV	**	ENSEE	^ ^	IIav	-		ND ADDRE			nag	erst	OWII,	Maryland
	SCI	VA	DAR	7	.1					cal Hon				
	23. PART I. Enter the disease	V//	0000	www		4	15 I	E. Wi	1sor	Blvd.	Ha	igers	town	, Md. 21740
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	anditions to A	DUE TO	OR AS A CONSECUTION OF AS	DUENCE OF COLUMN CE OF COLUMN C	PI: PEIN PI: PI: PI:	Ow Las	rbr 7	CA	Part I. 24s			246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 F MO
_	25. WAS CASE REFERRED TO MED	ein	15											1 120 2 1710
SICIAN:	EXAMINER?	- CAL	HOSPITAL:	ER/Outpetlent 3	Пет	OTHE	R.			eck only one)				
РНУ	27. MANNER OF DEATH	-	28a. DATE OF	INJURY	28b. TIN	_		URY AT	esidence	6 Other (Sp		NAMES OF	CURED	
ВУР	1 Natural 5 Pendin 2 Accident Investig		(Month, L	Day, Ybar)	IN	JURY	WC	PRK?	NO	Zee. DESCRI	BE NOW I	NOONT OC	CONED	
ED B	3 Sulcide 8 Could	not be	28a, PLACE (OF INJURY — At ho	me, term,	street, fac	tory, offic			281. LOCATIO	N (Street a	and Number	r or Rural F	Poute Number,
	4 Homicide determ	lined							-					
COMPLE				f my knowledge, de examination end/or i) and menner as stated.
BE	286 SHRHATLINE AND TITLE OF CO	HTIFIER		1 cm	0.			29c. LIC	ENSE NUI	MBER 137		29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERS	ION WHO	COMPLETED FAU	SE OF DEATH (ITES	0 27) (Type	7	50	Du	al	Hur.	H	99-8	s for	vin an
	31. DATE FILED (Month, Day, Year)		32. REGISTRA	AR'S SIGNATURE		(70		1		W	1	,0	
	JUL 0 9	9 199	96 Julia	Bluden	24									

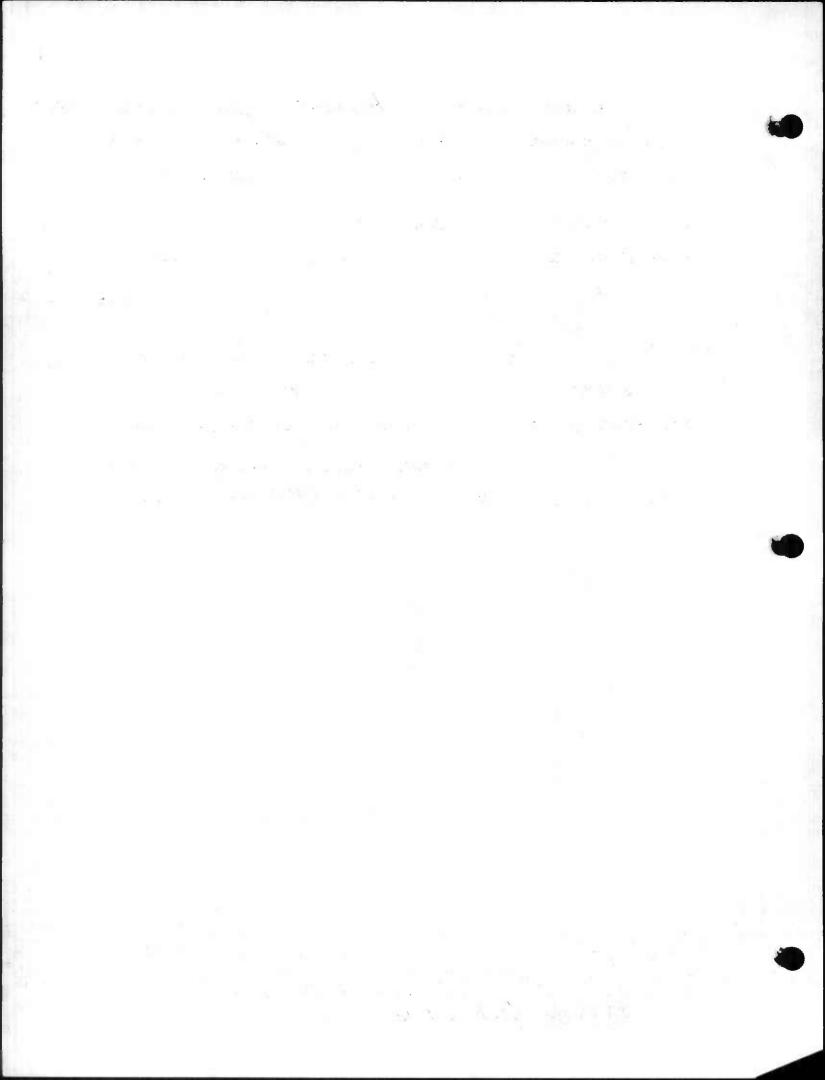


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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Decedents Name (First, Addish, Last) CHARLES EDWARD CHARLES EDWARD CHARLES EDWARD CHARLES EDWARD CHARLES EDWARD As Facility Name (if not establishood, page street and number) FENTINSULA RECIONAL MEDICAL CENTER As Facility Name (if not establishood, page street and number) FENTINSULA RECIONAL MEDICAL CENTER S. Social Secret Number 224—18—27.26 S. Social Secret Number CHARLES S. Social Secret Number As County Number (if not establishood) As County Obes Number (if not establishood) In Maria Status In Mari					Certific	cate of	Death		Re	eg. No.			
PRINSULA REGIONAL MEDICAL CENTER S. Social Security Number PRINTSULA REGIONAL MEDICAL CENTER S. Social Security Number Se	ian				-	Unak	inc		Dete of Deet Month	h Dey	Yeer		
PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO Social Security Number 10. So				RD						1		180	00
224—18—2726 TOWN 2DF 76 Vrs. Months Days Hours Min. Relating Name According 1999 DEL. Town Residence of Deceded 1999 100. County 100. City, Town or Location 100. Specific part of the County 100. Control 100. Specific part of the County 100. County 100. City, Town or Location 100. 2pc Code 100. County 100. Deceded 100. County 100. Deceded 100. County 100. Deceded 10	ner	PENINSULA REGIO	ONAL MEDICA				SAI	LISBUR	Y		WICOM		
VA. ACCOMACK MEARS 10/48/2 1		224-18-2726			Mo			Min.	(Month, Dey,	Year)	9. Birthp Coun		
11 Marries Status		10a. Stete 10b. County		10c. City, Tow	n or Location	1			·-		1	0d. inside C	ity Limits
11	io	VA. ACCOMA	CK	MEAF	RS							1 🗌 Yes	2 No
11	irec	10e. Street end Number			10	f. Zip Code			10	Og. Citizen of V	What Coun	itry?	
Specify West Prince		12969 CATTAIL ROA	AD			23	409			U.S.	Α.		
Set Februaries Name (First, Middle, Last) 18. Mother's Name (First, Middle, Middle, Middle) 19. Mother's Name (First, Middle, Middle) 19. Mother's Name (Name (First, Middle, Middle) 19. Mother's Name (First, Middle, Middle) 19.	by	1 ☐ Never Merried 🍇 Married	Armed Forces? 1 ☐ Yes 2 1 1 N If Yes, Give		If Yes	, specify Cub	an, Mexican	gin? (Specif , Puerto Ric	y Yes or No- an, etc.)	Blac	ck, White,	etc.	
Securior	ed	15. Decedent's I	Education	16a	Decedent's	Usuel Occup	pation	t of working		16b. Kind of B	usiness/înc	dustry	
1. Febrer's Name (First, Middle, Last) 1. Mother's Name (First, Middle, Medden Summen) 1. Mother's Name (First, Medden Summen) 1. Mother's Name (First, Medden Summen) 1. Mother's Name (First, Medden Name (First, Name (F	nple			+)	life. DO N	OT use retire	d)	or working					
EDWARD HOPKINS 19e. Informent's NemarReletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10	S					CLERK/							
19e. Informent's NemerReletionship (Type, Print) JOYCE AILENE HOPKINS 20e. Method of Disposition 1.\(\text{Specify} \) 21. Signety of Disposition 22. Signety of Funeries Service Licensee 22. Signety of Funeries Service Licensee 23e. Pight. Enter the disease, of complications that captiled the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest. 23e. Pight. Enter the disease, of complications that captiled the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest. 23e. Pight. Enter the disease, of complications that captiled the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest. 23e. Pight. Enter the disease, of complications that captiled the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest. 25e. Sequentially list conditions, and the limit of the captiled the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest. 25e. Sequentially list conditions, and the limit of the captiled the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest. 25e. Sequentially list conditions, and the limit of the captiled the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest. 25e. Wes case referred to medical and the death but not resulting in the underlying cause given in Pert i. 25e. Wes case referred to medical and the death but not resulting in the underlying cause given in Pert i. 25e. Place of Death (Check only one) 25e. Wes case referred to medical and the death of the limit of the cause of a liquid of the liquid of th			,							Melden Sumen	10)		
JOYCE AILENE HOPKINS 20a. Method of Disposition Temperature 20b. Place of Disposition (Name of carrietly, cremetor) or other place) Temperature 20c. Location - City or Town, State	은												
20s. Method of Disposition 1/Qurial 2 2-cremetion 3 Removal from State 20b. Place of Disposition (Name of cerefledy), cremetory or other (Specify) 21. Signeture of Function 5 Other (Specify) 22. Name and Address of Facility THORNTON, FUNERAL HOME P.O. BOX 264, parksley, va. 23421 23s. Plant, Enter the disease, or complications that cannot the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, or need relative. List only one cease on each line. 23s. Plant, Enter the disease, or complications that cannot the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, or need relative. List only one cease on each line. 23s. Plant, Enter the disease, or complications that cannot have been been been been each line. 23s. Plant, Enter the disease, or condition resulting in death) 23s. District of the death of the dea				198	_	· ·						Code)	
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24e. Wes en eutopsy performed? 24b. Were autopsy find available prior to completion of cau of deeth? 1	sicla	Pert ii. Other significant conditions	contributing to death bu	ıt not resulting l	n the underly	ring cause gi	ven in Pert i.		23b. Did to	bacco use co	ntribute to	the cause	of death
24e. Wes en eutopsy performed? 24e. Wes en eutopsy performed? 1 Yes 2 No										/			
25. Wes case referred to medical examiner? 1	mpleted										av	ailabie prior i	0
Pospite 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify)									1 □ Ye	s 2 No	1[Yes 2	No
27. Menner of Deeth 1 Neturei 2 Accident 3 Suicide 4 Homicide 28a. Dete of Injury 28b. Time of injury M 28b. Time of injury of Work? 1 Yes 2 No 28b. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28c. Injury et Work? 1 Yes 2 No 28d. Describe how injury occurred	Be	examiner?	Hospitel:			Ott	hor						
2 Accident investigation M 1 Yes 2 No 3 Suicide A Homicide Street and Number or Rural Route Number			1			_ DOA	4LI NU					y)	
	Ication	2 Accident investigation 3 Suicide 6 Could not	njury M	1 🗆		No				I Pouto Alum	phos		
29a Certifier 17 Certifying Physician: To the heet of my broudeded death accounted at the time data and the standard data and the st											or or mura	ir rioute rear	001,
29a. Certifier (Check only one) 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, end due to the ceuse(s) end manner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end piece, end due to the ceuse(s) end manner es steted.	edical	29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end properties of examination end/or investigation, in my opinion, deeth of end menner steted.							I due to the ce et the time, de	ete end plece,	end due to	teted. the ceuse(s	;)
29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)						29c. Licens	se number	-		1 1		Day, Year)	
D29168 6/22/96	Σ	29b. Signature and title of certifier								/ 1			
30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)	Σ	29b. Signature and title of certifier				D29	1168		6	122/9	~		



State of Maryland / Department of Health and Mental Hygiene 96 2 1 5 6 2

						Certifica	te o	Death		Reg. N	lo.	Land .		
	51		1. Decedent's Neme (First, Middle, La	ast)					2. Dete of D Month	eeth		Vaar	3. Time	e of Death
	Physic /Medi		John A. H	arris, Jr.					July	6,	1996	Yeer	7:4	9 a.m.
)	Exami		4a. Fecility Neme (If not institution, gir	ve street end number)				4b. City, Town,	or Location of Dee	th 4	lc. County	of Death		
			Frederick Memo			1 444		Freder				derick		
	Funeral Director		415-28-1490	Sex 7. Age 7. A	(in yrs. lest birl	rhdey) If Unde Months			fin. 8. Dete of B (Month, D March	rth ev. Yea 2,	1926	9. Birthple Counti Teni	ece (Stell ry) ness	te <i>or Foreig</i> n ee
	and w		Usuei Residence of Decedent 10e. Stete 10b. County		10c. City, Town	or Location						10	d. inside	City Limits
	ha Mary	ector	Maryland Frederi	ck	Monre								1 🗆 Y	es ZE No
	23a or	Funeral Director	10e. Street end Number 4559 Kemptown Co			10f. Zi	21	770		10g. C		Whet Count rican		
21215-0020	within 72 hours after death with the Manyland ene. then "natural", or items 23e or 28e-f show he Medical Expresses must be notified at	by	11. Meritei Stetus 1 ☐ Never Merried 2☆ Married 3 ☐ Widowed 4 ☐ Divorcad	12. Wes Decedent Ev Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Dates:		13. Wes Dece If Yes, spe 1 \(\text{Yes} \)			⁹ (Specify Yes <i>o</i> r N Jerto Rican, etc.)	0-		e - America ok, White, e Whi	itc.	
5-0	72 ho	ed	15. Decedent's E (Specify only highest gr	ducation	16e.	Decedent's Usu	el Occi	upation e during most of	working	16b.	Kind of Bu	ualness/Indu	ustry	
121	within ne.	Completed	Elementery/Secondery (0-12)	College (1-4or 5+	Pu	life. DO NOT L	ise retii	rs Direc		U	.S. G	overn	ment	:
	2 should be filed within 72 hours and Mental Hygiene. Is marked other than "natural", raumatic event, the Medical Exo	Be Co	17. Fether's Neme (First, Middle, Last	4				18. Mother's	Neme (First, Middle	, Meide	en Sumam	10)		
lan	fenta fenta rked fic ev	To B	John A. Harris	, Sr.				Ali	ice Nevi	11e				
Maryland	and 2 sho		19e. Informent's Neme/Reletionship (Gwen G. Harris -			-			Rural Route Numi					1770
Baltimore,	permit. Pages 1 and 2 should be filed within 7 Department of Health and Mental Hygiene. Important: If item 27 ie marked other then "n any Injury or other traumetic event, the Med 00.00.		20e. Method of Disposition 1 ⊠ Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specia		cemeter	Disposition (Ne y, cremetory or Olivet	other p	metery	7/10/96			ck, M		
Balt	permit. Departminports any inju		21. Signeture of Funerel Service Lice	nsee T	t	Olin I	. M		h, P.A., Damascu					72-011
68760,	The law requires that the death certificate be executed x a many states and a signed by the attending physician and page 2 should be deteched for use as the burial-transit are a signed.	Medical Examiner	23e. Pert1. Enter the disease, or conshock, or heart feilure. List only Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest	. ACUTE	ue to (or es a c ANTE ue to (or es e c	Sho	ck : !RA	,			INFAR	7	Onset ar	IR
Box	es that the death certifigned by the attanding be detached for usa a	by Physician/Me	Pert It. Other eignificant conditions of		not resulting in	the underlying	cause (given in Pert i.	23b. Dio	l tobacı	co use col	ntribute to	the caus	se of death?
P.O.	that the ned by a detact	y Ph	D'ABETES Me	Litus					1	Yee	No De	3 Probe	ably 4	Unknown
of Vital Records,	aw requires ts been sig 2 should b	Completed b	DIABETES ME Hypertension						24e. We per	s an aut formed?	topsy	com	re autops ileble prid apletion death?	
ř	ysician: The lav s cartificate has director, page 2	E C							1 🗆	Yes	2/2 No	10	Yes 2	2□ No
<u> </u>		Be	25. Wes case referred to medical examiner?					28. Plece of	Deeth (Check only					
2	5 00	2	1 Yes 2 No	Hospitel: 1 ☐ inpatient	2 ER/Out	patient 3 D	OA C	ther: 4 🗆 Nursin	g Home 5□ Res	Idence	8 Oth	er (Specity))	
	Attanding Pi or death. ector: After the by the funera		27. Manner of Deeth ↑☑Neturel 5 ☐ Pending 2 ☐ Accident investigatio		Year) 28b. T	ime of njury M		28d. Describe how injury occurred Work? 1 Yes 2 No						
	5445	Certification:	3 Suicide 8 Could not b 4 Homicide determined	determined 209. Flede of injury - At nome, term, street, fectory, onice 201. L					28f. Location City or To			er or Rural	Route N	umber,
	To the Hospital within 24 hours a To the Funeral D complately filled	edicai (29e. Certifier (Check only one)	nysician: To the best of miner: On the basis of each menner stete	xaminetion end	deeth occurred for investigation	at the	time, dete end pl opinion, deeth o	eca, end due to the courred et the time	ceuse , dete e	(s) end ma nd plece,	nner as ste and due to t	ited. the caus	e(s)
	Withir To th	M	29b. Signeture end title of certifier			29		nse number		29d. C	Dete signe	d (Month, D	ay, Yea	7)
			John A. With	ulla MD			0:	37540	7	7/	6/90	/		
			30. Neme and eddress of person who							-//	1 1×	1701		
	Ch	ato.	John A. Vitare 31. Dete filed (Month, Dey, Year)		S Signeture	oth Str	eet	, rreder	ick, Mar	утаг	.1a Z	1701		
	Sta Regista		JUL 08 1	396 Julia	s Signeture Divideor	Revelle								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four safer death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

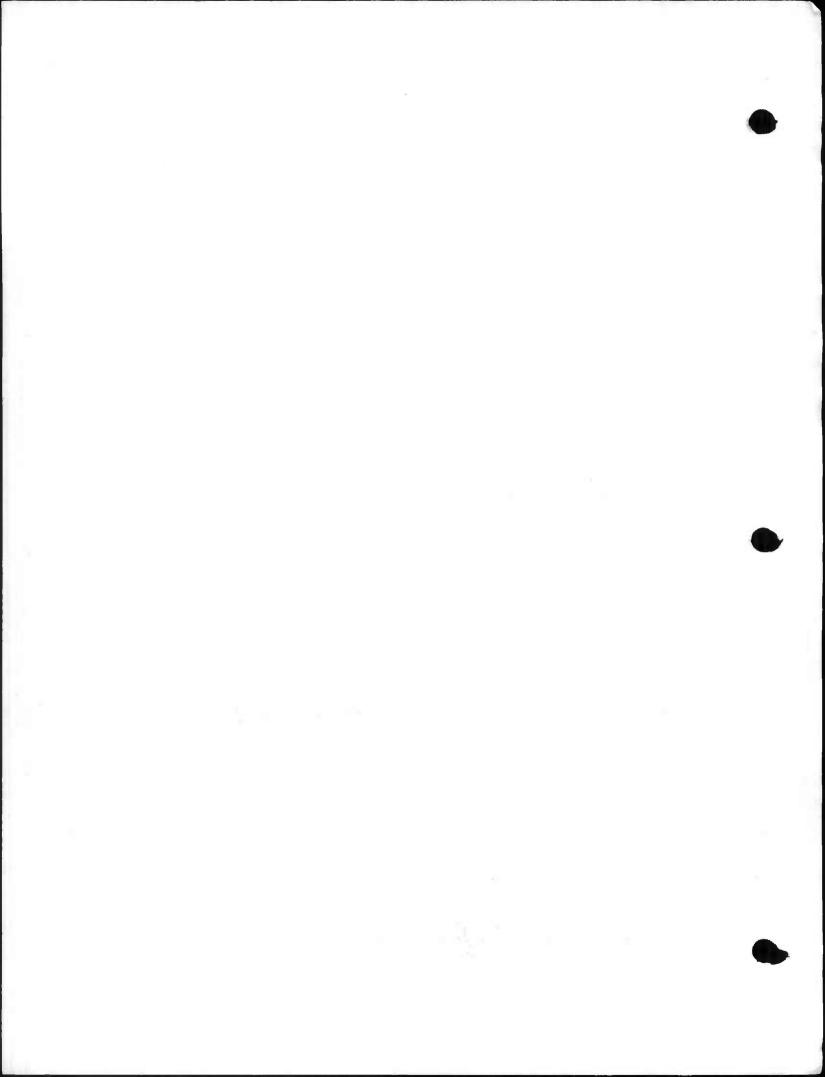
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

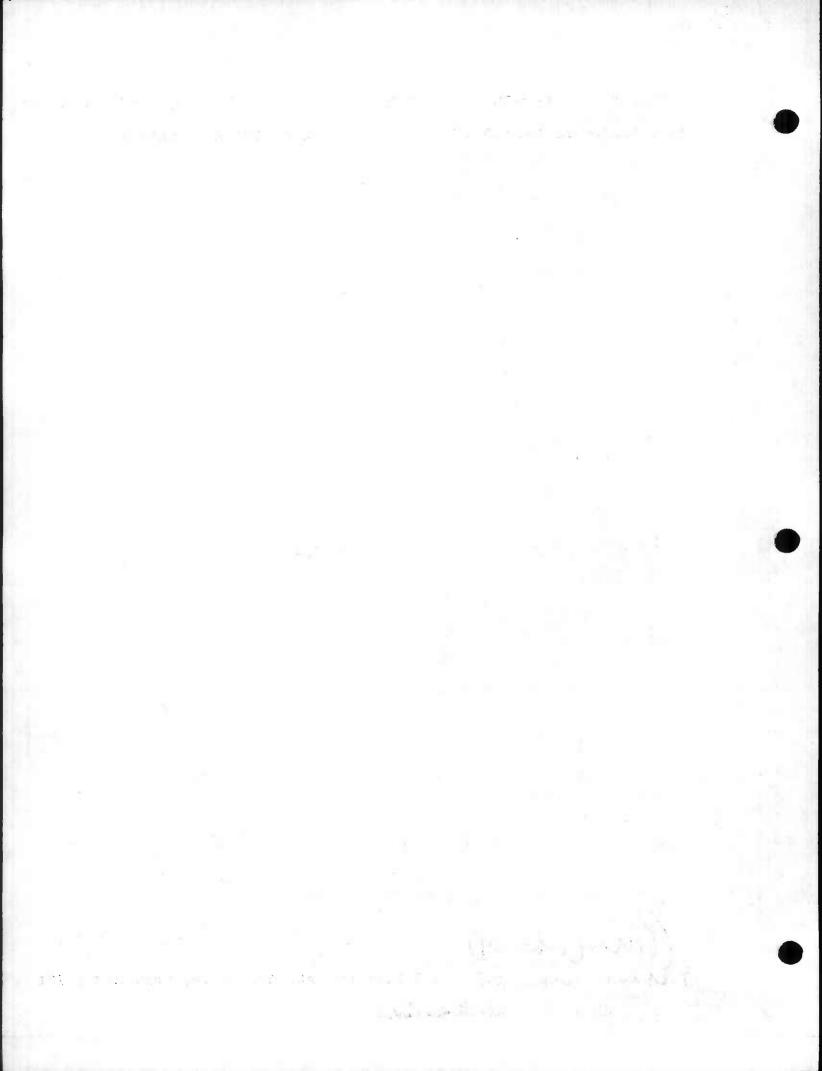
	REGISTRAR		CE	ERTIFI	CATE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last,	Edith Ann	o Ho	lmes			········	2. DATE OF MONTH	D/		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER							July	5	1	996	7:45 a
	252-19-7089	1 🗌 M 2 🔀 F	GE (In yrs. les		MONTHS (DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF (Month, I Sept.	витн Реу. Year) 6, 1	918	6. BIRTI	New York
œ	9a. FACILITY NAME (If not institution, give 3409 Kemptown Ch				96. CITY, T		R LOCATION OF D			9c. COL	unty of c	DEATH
읽	RESIDENCE OF DECEDENT	uren Road			110111	.0 v .	La			11	cuci.	I C K
DIRECTOR	10a. STATE 10b. COUNT	•		10c. CITY	, TOWN OR	LOCAT	ION					10d. INSIDE CITY
ā	-	lerick		Mor	rovi	a						LIMITS?
FUNERAL	3409 Kemptown Ch	nurch Road				101.	21770			-		States
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YES, GIVE WAR O	ES 2 N		If y	yes, spe	ENDENT OF HISPAI city Cuban, Maxica 2 NO Specif	an, Puerto Ric	(Specify Yes	or No-	14. RACI Blac Spec	E — American Indian, k, White, atc. ////////////////////////////////////
	15, DECEDENT'S ED	UCATION	16a. DE	CEDENT'S L	JSUAL OCC	UPATIO	N .	16b, K	IND OF BUS	SINESS/IN	DUSTRY	WIIICC
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gi		ork done dui o retired.) emake:		st of working		Own H			
MP	17, FATHER'S NAME (First, Middle, Last)			поше	make.	I -	18. MOTHER'S NA					
Ŭ U	Earl Armstrong						Alice M			-		
00	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (S	Street a	nd Number or Rural				ip Code)	
2	Julie A. Holmes											ryland 2177
	20e. METHOD OF DISPOSITION 1	noval from State	20b. PLACE A	MDDATEO	FDISPOSITI	ion(Na	me of	DATE C . 7 / 6	20c. LO	cation –	City or To	own, State aryland.
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22 NA	ME AN	D ADDRESS DE EA	CHITY				
	is body 80	Umen	/				L. Moles Ridge F					
	23. PART I. Enter the diseeses, or	complications that cau List only one cause o	sed the de	eth. Do no	ot enter th	ne mo	de of dyling, aud	h as cerdie	c or reepi	ratory ar	reat,	Approximete
	IMMEDIATE CAUSE (Final											Intervel Between Onset and Death
	disease or condition resulting in death)	a. CHRONIC	_ OB	STRU	awi	PL	I MON AT	MY DIS	SEASE			40 years
_		DOE TO (OR)	IS A CONSEC	DUENCE OF):		FAILUR					40 year
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A					PAILUR					10 gear
8	cause. Enter UNDERLYING CAUSE (Disease or injury	c										
	that initiated eventa resulting in death) LAST	DUE TO (OR A	S A CONSEC	UENCE OF):							
		d										
DICAL	PART II. Other aignificent condition	na contributing to deat	h but not re	eeuiting ir	the unde	eriying	ceuse given in	Part I. 2	4a. WAS AN PERFOR		2 4b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1	YES 2	-		COMPLETION OF CAUSE DF DEATH?
¥	DID 700 400 110-	201 (=0.01)==					- An					1 YES 2 NO
Ž	DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	O CAU	SE OF	DEATH	_						
SICIAN:	EXAMINER? 1 YES 2 X NO	HOSPITAL:	MARCON.		OTHER:		ACE OF DEATH (Ch					
PHYS	27. MANNER OF DEATH	1 Inpatient 2 ER/0		28b. TIME		g Home	S Residence		Specify)	H INIBA OC	CUREO	
Z	1 Netural 5 Pending	(Month, Day, Yea		INJU	IRY	WO		200. 02301	IIBE NOW II	NONT OC	CORED	
A P	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJ building, atc. (URY At hor	me, farm, st	reet, factory	y, office		2at. LOCAT	ION (Street a	nd Numbe	or or Rural I	Route Number,
COMPLETE	4 Homicide determined		speeny)					City or	Town, State)			
2 1	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my ki	nowledga, des	ath occurred	d at the time	e, date	end place, and due	to the cause	(a) and man	mer aa sta	rted.	
5	one) 2 MEDICAL EXAMIN	ER: On the basis of examin	ation and/or in	nvestigstion	, in my opir	nion, de	isth occured at the	time, date ar	nd place, an	d due to t	he ceuse(r	a) and menner es stated.
u II	SIGNATURE AND TITLE OF CERTIFIE	R				П	29c. LICENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
	John Of Kell	logg MV)				PA MO	0474	SY L	• .	JUL	45,1996
-	38. HAVE AND ADDRESS OF PERSON W	S CON SIN	AVE.	-	Primi) ETHE	Sn	A iM) (2088	39		
	31. DATE FILED (Manth Day, Year)	32. REGISTRAR'S	HATTINE	Ø .	21110	-17	, , , , , ,		000	/		
	JUL 0 8 199	10	SPENSY.	Mary Mary								



State of Maryland / Department of Health and Mental Hygiene

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-	-		1 December No.	ma (Cimb Adiabat	in dinasti			Cert	illicate t	ט וכ	ealli			Reg. No).		
	Physic /Medi		1. Decedant's Na THOMA		GEORGI	Ξ	HERI	BER'	Г				2. Date of D Month JULY	eath 4Da	y 19	9°6°	3. Time of Death 0928 AN
	Exami	ner			n, give street and no AD-MEXIC		AD			4b.			ocation of Dea			y of Death	
	Funerai Director		5. Social Sacurity 579-64 Usual Rasidance	-0182	6. Sax 1⊠M 2□ F	7. Aga (In y		thday) Yrs.	If Undar 1 You Months Da	ear ays	If Undar Hours	24 Hrs. Min.	8. Data of B (Month, L Aug 3				place (State or Foreign htry) nington, DC
	fand ow		10e. Stata	10b. County		10c.	City, Town	n or Loc	ation				_	-		1	0d. Insida City Limits
	with the Maryland a or 28a-f show	to	MD		Carroll			West	minste	er							1 ☐ Yas 2 ☒ No
	or 28	Director	10e. Street and N		,				10f. Zip Coo	da				10g. Cit	izan ot	What Cour	ntry?
	23a c		937 Le	ister's	Church l	Rd.						2115	7			Unite	ed States
21215-0020	hours effer death with the Manyland Jurel', or fame 23a or 28e-1 show all Exeminer must be nutified at	by Funeral		rriad 2⊠ Marr	Armed F	2⊠No iva	n U,S.		as Dacedant Yas, specify C		panic Ori Maxicer Specify:		ecify Yes or N Rican, atc.)	0-		ce - Amaric ck, Whita, y:	
0-0	n 72 hours "natural",	ted		15. Daçadan	t's Educetion		16a.	Deceda	int's Usual Oci ind of work do	cupati	on			16b. K	Ind of B	usinass/in	
216	i within 72 ho iene. • than *natur fhe Medical	Completed	(Spe		st grade completed,) (1-4or 5+)		(Give k	ind of work do O NOT usa re	ne du tired)	<i>ring</i> mos	t of work	ing				
		Con		, , ,	4			ager	nt					Na	ator	wide	Insurance
	2 2 2 3	Be	17. Fathar's Name	(First, Middle,	Last)					1	8. Mothe	er's Name	(First, Middle	e, Maiden	Sumar	m <i>e)</i>	
عاد		2		Herber				- 3					Franc				
Mai	d 2 should th end Mer 7 is marke traumatic		19a. Intormant's N		hip <i>(Typa, Print)</i> bert, wi:	6-							A Route Numi				,
	Teat the the		20a. Mathod of Dis		bert, wi							urcn	Rd.,				MD 21157
nor	6 = 5		1⊠ Burial 2	Cramation	3 Ramoval trom	Stata			tion (Nama or atory or other				8/96	20C. LC	ocation	- City or To	wn, Stata
Baltimore,	교본관금 .		4 ☐ Donation 21. Signatura of F	5 Other (S			Le		er's Ch							Westm	inster, MD
Ba	Depa Impo any I		21. Oignatura or 1	dilaidi dalvico i	LICOTISON			22.	Pritts	Fi	iner	ăl H	ome &	Chape	1		01155
			23e Parti Enter	the disease or	complications that only one cause on	weter	anth Don	ot antas							iste	r, ML	Approximata
	On continuents be executed Medical Physician and Medical Physician	n/Medical Examiner	Immadiata Causa disaasa or conditi resulting in death) Saquantially list c if any, laading to icausa. Enter Und Causa (Disease and that initiated avant	on	à b c	Due to	o (or as a c	onseque	ence ot):	26	Ly)	Xio					
	anding phy	In/Medi	rasulting in death)	Last	d	Due to	(or es e co	onseque	ance of):								
P.O. B	ine law requires met the death ate hes been signed by the etter page 2 should be detached for a	Physicia	Part II. Other signi	ficant conditio	ns contributing to d	aath but not r	rasulting in	tha und	arlying causa	givan	In Part I				use co	ntribute to	the cause of death?
s,	signed d be de	by												- 4			
Records,	hes been si ye 2 should I	Completed												s an autor ormed?	osy	COL	are autopsy findings bilebla prior to mplation of cause daath?
E 5		Co											V	Xas 2	□ No	10	Yas 2□ No
	certificate	Be	25. Was case rata axaminer?	rrad to medical	Hospital						6. Placa	ot Daath	(Check only	one)			
0	this c	. To	X1X1 Yes 2 ☐ 27. Mannar of Dea		1 4 4 5 5	4	□ ER/Out		3L DUA	Othar:			ne X Ras			er (Specify	()
Division of Vital	To the Hospital or Attending Physician: within 24 hours efter deeth. To the Funeral Director: After this certific completely filled in by the funeral director,	Certification:	1 Natural 2 Accident 3 Suicide 4 Homicida	5 Panding investig 6 Could n datarmi	ation 7-5	th, Day Year)	t homa, tan	m, stream		njury a Work? I □ Ye ce		No	City or To	free an	Oi My	or t	Poute Number,
Moenile	24 hours Funeral etely filled	Medical C	29a. Certifiar	1 Certifying	Physician: To the Examiner: On the b	best of my k asis of axami	nowledge	death o	ccurred at the stigation, in m	a tima, iy opin	data and ion, daat	d place, a	nd dua to the	causa(s)	and ma	annar as st and dua to	ated. tha ceusa(s)
4	ompl	₩.	29b. Signature and	title of certifier	und mun	mar statou.			29c. Lice	ensa n	umber			29d. Dat	a signe	d (Month, i	Day, Year)
-0	2.0		100	Lat	oshow	M			0.	C.1	M.E					5, 1	
4			30, Name and add	ress of person v	who complated cause	sa of death (It				re	et.	Bal	timor	e. I	Mar-	vlan	d 21201
	Sta Registr	10	31. Data filed (Mon	th, Day, Year)	1996	Registrar's Sig							- Lamot	C, 1	TUL.	, Lan	C 21201
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg. No.

96

JULY 2, 1996

21565

	Physic /Med		RAYMOND	CALVIN	HAI	NES			Month JULY	Day	Yeer 996	0845 Al
	Exami		4e. Fecility Name (If not institution, gi					4b. City, Town, or WESTM	Location of Deet	4c. County		
	Funeral Director			Sex 7. Ag	e (In yrs. last birt 80	hday) If Und Month	der 1 Year is Deys	If Under 24 Hrs Hours Min	8. Date of Bir (Month, Pa May I	, 1916		olece (State or Foreig ntry) ryland
	yland how		10e. State 10b. County		10c. City, Town						1	0d. Inside City Limit
	e Mar	ctor	Maryland Car	roll	West	minst	er					1 ☐ Yes 2 ☒ No
	or 2	Director	10e. Street end Number			10f. 2	Zip Code			10g. Citizen of V	Vhet Cour	itry?
	s 23e		345 N. Springe					158		U.S.A	_	
020	72 hours after death with the Manyland naturel; or items 23e or 28a-f show dical Evantiner must be notified a	by Funeral	11. Marital Status 1 □ Never Merried 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 1 If Yes, Give Year or Dates:				dispanic Origin? (Sen, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)		e - Americ k, White, Whj	
21215-0020	han han	Completed	15. Decedent's E (Specify only highest gr Elementary/Secondary (0-12)	ducation ade completed) Coilege (1-4or 5		Decedent's Us (Give kind of v life. DO NOT	vork done use retire	petion during most of wo d)	orking	16b. Kind of Bu		
D L	al Hygi other	BeC	17. Father's Neme (First, Middle, Last)				18. Mother's Ne	me (First, Middle,	Maiden Surnam	e)	
yla	should be filed vand Mental Hygie marked other to umatic event, the	To	William Eldreg	ges Haine	S			Edna	Idle Mo	organ		
Σ	D 5 5 5		19e. Informent's Neme/Relationship Anna Haines	(Type, Print)	34	5 N. S	Spri	and Number or R ngdale	nral Route Number	er, City or Town, stminst	State, Zip er, l	Code) Md.21158
Baltimore,	Pages 1 nent of H int: If iten iry or oth		20e. Method of Disposition 1 Buriei 2 Cremation 3	Removel from State	20b. Plece of cemeter)	Disposition (A , crematory o	iame of r other pla	ce)	Dete	20c. Location -	City or To	wn, Stete
ti di	then tant:		4 ☐ Donetion 5 ☐ Other (Special				Marylan					
Ba	permit. Pages 1 an Department of Heal Important: If item 2 eny Injury or other		21. Signatura Fundan Survica Lice			254 E	. Ma		eet,Wes	tminst		Nd.2115
K.	Physician /Medical Examiner	her	23a. Part1. Enter the disumer, or com- shock, or hoart failure. List only Immediate Ceuse (Final disease or condition resulting in deeth)	. Arterio		tic C	ardi					Approximete Intervel Between Onset end Deeth
ó	death certificate be executed e attending physician and od for use as the bunal-transit	Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Undertying Ceuse (Disease or injury	b	Due to (or es e co	onsequence o						
Box 68760,	rifficate be ng physici as the bu	Medical	Ceuse (Diseese or injury that Initiated events resulting in deeth) Lest	C	Due to (or es e co	onsequence of):					
NO N	ith ce tendii or use	an		d								
0.	The law requires that has been signed page 2 should be d	by Physic	Pert II. Other significent conditions of	contributing to deeth bu	it not resulting in	the underlying	cause giv	ren in Pert I.	23b. Did 1	obacco use con Yee 2 No	tribute to	the cause of death pably 4E Unknow
Vital Records,		Completed b							perfo	en autopsy rmed?	COL	ere eutopsy tindings allable prior to appletion of cause
<u> </u>		e Com	25. Wes case referred to medical						101	ECTION 'es XXNo		death?]Yes 2□ No
=	sicia certi	To B	exeminer?	Hospitel:	nt 2 ER/Out	petient 3 🗆 [Oth	O.E.	eth (Check only o			
	2 5 =		27. Manner of Deeth X Naturel 5 □ Pending 2 □ Accident investigation	28a. Dete of Injur (Month, Day			28c. Injur Wor		lome XX Resid	low injury occurre		7
-	X # = C	Certification:	3 Suicide 6 Could not be determined		ry - At home, ferr . (Specify)				28f. Location (S City or Tox	Street and Numbern, State)	er or Rura	Route Number,
	within 24 hours after	edicai C	29e. Certifier (Check only one) 1 Certifying Ph 2 Medical Exam	ysician: To the best on iner: On the basis of end menner ste	exeminetion end/	deeth occurre or Investigetion	d et the tin	ne, dete end pieca pinion, deeth occu	, end due to the orred et the time, o	cause(s) end mei date end place, e	nner es ste nd due to	eted. the ceuse(s)
	within To the		29b. Signeture end title of certifier	· 0 M		2	9c. Licens	e number		29d. Date signed	(Month, L	Day, Year)

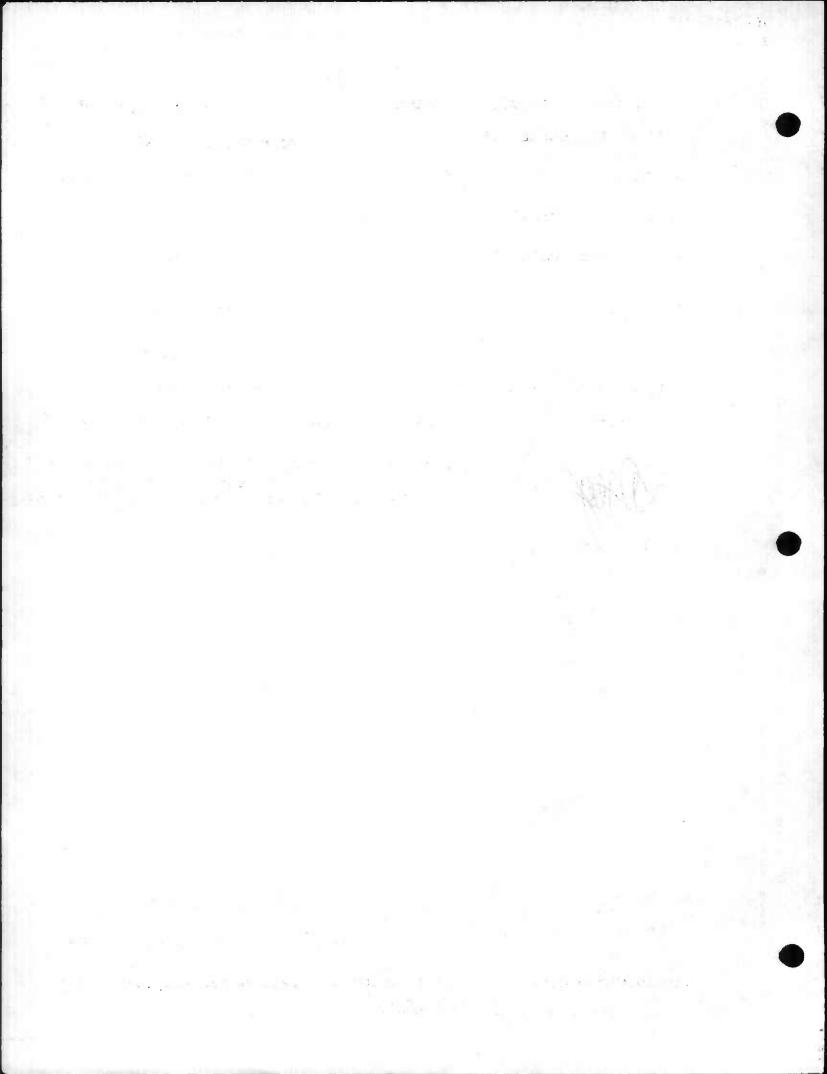
State Registrar 31. Dete tiled (Month, Day, Year)

Dennis Chute M.D.

M.D. 111 Penn Street, Baltimore, Maryland 21201

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

O.C.M.E



State of Maryland / Department of Health and Mental Hygiene 21566 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** July Day 1:10 AM Frances Lenora /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Frederick Health Care Center Frederick Frederick If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Security Number 9. Birthplaca (Stata or Foraign 7. Aga (In yrs. last birthday) **Funeral** 1□M 20 F Days Maryland Yrs. 89 Director 212-14-7294 Usual Rasidance of Dacedant filed within 72 hours efter deeth with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits or 28a-f show 7 is marked other than "natural", or items 23a or 28a-f sho traumatic event, the Modical Externings must be notified at 1 Yas 2 No Director Frederick Woodsboro Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? U.S.A. 204 S. Second St. 21798 Completed by Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Was Dacedent of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 1 ☐ Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify 3 Widowed 4 □ Divorced White 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Peges 1 and 2 should be filed within nent of Heelth end Mental Hygiene. int: If Item 27 Is marked other than ' Elamantary/Secondary (0-12) Coilega (1-4or 5+) clerical/office worker perfume co. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Be Robert J. Donsife Celeste Estella Morgan 2 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) Department of Heelth er important: if item 27 is any injury or other trau once. Donald R. Hahn/ son P.O. Box 162 Woodsboro, 20b. Place of Disposition (Nama of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ABuriai 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Mt. Hope Cemetery 7/5/96Woodsboro, MD of Funaral Sarvice Licani 22. Nama and Addrass of Facility Hartzler Funeral Home Darine Woodsboro, MD 23a. Part1. Entar tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or raspiratory arrest, shock, or haart failure. List only one cause on each line. Approximata Intarvai Batween Onsat and Death Physician d stage Congestive Heat Failure

Dua to (or as a consequence of):

Dua to (or as a consequence of):

Dua to (or as a consequence of): immediata Causa (Final disaasa or condition rasulting in deeth) /Medical Examiner Examiner Hospital or Attending Physician: The law requires that the deeth certificate be executed the buriel-transit Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Cause (Diseesa or injury that initiated evants rasulting in daath) Last Division of Vital Records, P.O. Box 68760, signed by the attending physician dbe detached for use as the burie Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ been si Completed 24b. Wara autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? 1 🗆 Yas 1 ☐ Yas 2 ☐ No certificate Be 25. Was cesa raferred to medicel exeminar? 26. Piaca of Daeth (Check only ona) Hospital: 1 ☐ Inpatient Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 2 1 Yes 2 No 2 ER/Outpatient 3□ DOA After this funeral 27. Mannar of Death 28c. injury at Work? Certification: 28a. Dete of injury (Month, Dey Year) 28b. Tima of 28d. Describe how injury occurred 5 Pending invastigation 1 Yas 2 No death. 2 Accidant within 24 hours after death To the Funeral Director: , completely filled in by the 3 Sulcide 6 Could not be Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homlcide edicai 29a. Cartifiar 112 Certifying Physician: To tha best of my knowladga, daath occurred at tha time, deta and place, and dua to tha causa(s) and manner as steted. 2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. To the 29c. Licensa number 29b. Signatura and titla of certifiar 29d. Data signed (Month, Day, Year) MIL 30. Nama and addrass of person who complated causa of daath (itam 23a) (Type, Print) 1475 Taney Ave. Frederick, MD 21701 James S. Grissom

32. Registrar's Signatura

DHMH 16 Rev 6/95

State Registrar

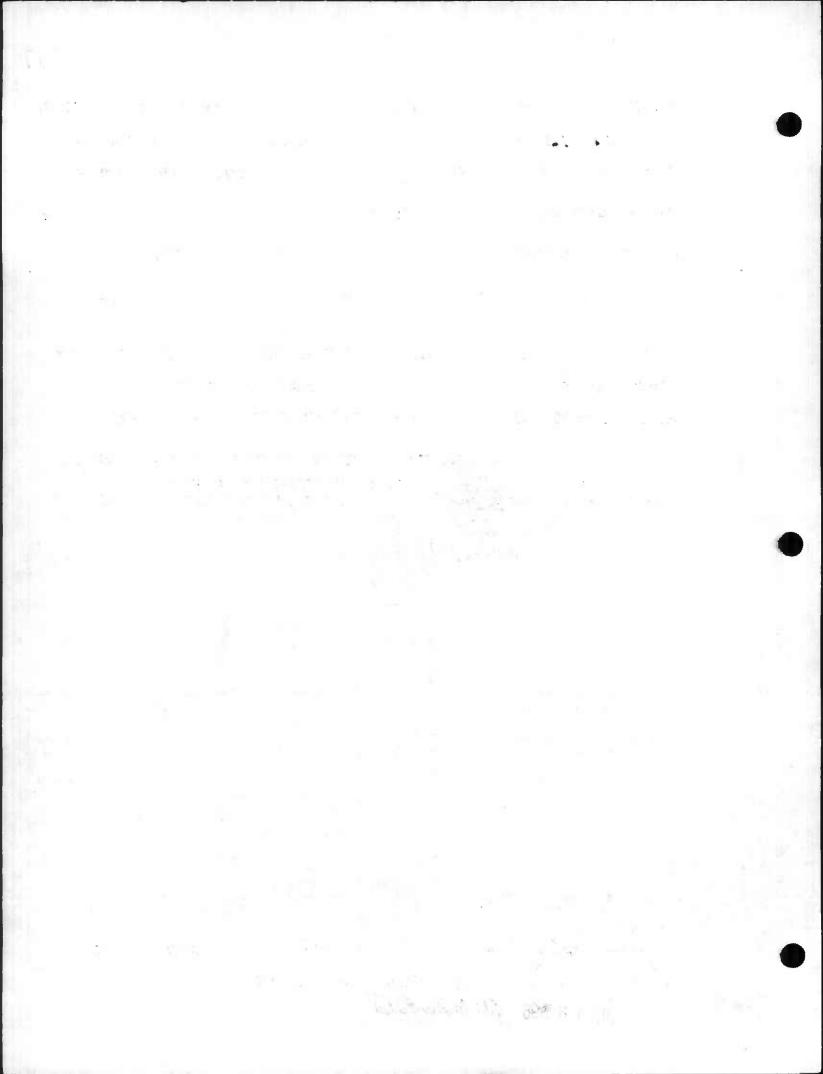
31. Data filed (Month, Dey, Year)

State of Maryland / Department of Health and Mental Hygiene 21567 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey **Physician** Month WILLIAM HOBBS 1996 5:20 AM 5 JULY /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner 3415 NORTH HIGH STREET MONTGOMERY OLNEY 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign **Funeral** Deys Hours 15 M 2□ F 577-07-8564 86 Yrs. MARYLAND Director Usuel Residanca of Decedent filed within 72 hours after death with the Maryland 10a Stete 10h County 10c. City. Town or Location 10d. Inside City Limits 28a-f show MARYLAND MONTGOMERY OLNEY items 23a or 28a-f shiner must be notified. Director 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3415 NORTH HIGH STREET 20832 UNITED STATES Completed by Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. traumatic event, the Medical Examiner 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 Never Married 250 Married Saltimore, Maryland 21215-0020 ö 1 ☐ Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE "natural", 15. Decedent's Education (Spacify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT usa ratirad) 16b. Kind of Businass/Industry Pagas 1 and 2 should be filed within nant of Health and Mantal Hygiena. Int: If Item 27 Is marked other than " Elementery/Secondery (0-12) Cotlege (1-4or 5+) ELECTRONICS TECHNICIAN TELEPHONE COMPANY 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be FRENCH HORRS SARAH S. RICKETTS 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Steta, Zip Coda) MARGARET G. HOBBS, 3415 NORTH HIGH STREET, OLNEY, MD. 20832 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ■ Burial 2 □ Cremetion 3 □ Removel from State permit. Page Department of Important: If any Injury or once. MT. CARMEL CEMETERY 7/8/96 4 ☐ Donetion 5 ☐ Other (Specify) SUNSHINE, MARYLAND 21. Signeture of Funeral Service Licensee MURTEL H. BARBER FUNERAL HOME P.O. BOX 5038, LAYTONSVILLE, MD. 20882 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each lina. **Physician** Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medical myocardial INFarction IMMEDIATO Examiner Examiner To the Hospital or Attanding Physician: The law requires that the daath certificate be associated within at brours after death.

To the Funeral Director: After this cartificate has been signed by the attending physician and completely filled in by the Innertal director, page 2 should be deteched for use as the buriah-transit completely filled in by the Innertal director, page 2 should be deteched for use as the buriah-transit attending physician and for use as the burial-transit Sequentielly list conditions, if eny, leeding to Immediete causa. Enter Undarlying Ceuse (Diseese or Injury that Initieted events resulting in daath) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequence of): Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? s been signed by the 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? 24a. Was en eutopsy Cerebrar Acudar Acceptant 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medical 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA Other: 4 Nursing Home 5 Residance 6 Other (Specify) P 1 Yes 2 No 28a. Date of Injury (Month, Day Year) Certification: 27. Menner of Daath 28b. Tima of 28c. Injury et 28d. Describe how Injury occurred 5 Pending Investigation 1 MNaturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datarmined 3 Suicide 28e. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 4 Homicida 29a. Certifier Medical 1 Certifying Physician: To the best of my knowledge, deeth occurrad at the time, date and place, and due to the cause(s) end mennar as stated. 2 Medical Examiner: On the basis of axaminetion end/or investigation, in my opinion, deeth occurred at tha time, date end place, end due to the ceuse(s) and manner stated. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) mo JULY 5, 1996 and eddress of person who completed ceusa of death (Item 23e) (Type, Print) 30, Nama .30 RING 31. Dete filed (Month, Dey, Year) State

DHMH 16 Rev 6/95

Registrar



96-3411-011

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

11EMS: 23 PART I, II, 27, State of Mondand / December 1

PER MEO FILM G-737 7/18/96 t.t Certificate of Death

State of Maryland / Department of Health and Mental Hygiene

21568

Physician
/Medical
Examiner

Funera

Directo

permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyand Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural; or Items 23s or 28s-f show any Injury or other traumatic event, I'm Medical Examiner mast be notified at

Baltimore, Maryland 21215-0020

Physiclar /Medica Examine

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit Division of Vital Records, P.O. Box 68760,

1. Decedant's Nama (First, Middla,	Last)						2. Data of Dat			3. Tima of Death
DENNIS	GORDON				HALL		Month JUNE	22 :	Yaar 1996	10:05A/N
4a. Facility Nama (If not institution,					4b. City, Tov	wn, or Lo	cation of Daath	4c. Count	y of Death	
EASTON MEMORI 5. Social Sacurity Number				If Undar 1 Yaa	EAS				LBOT	
214-44-6442 Usual Rasidance of Dacedant	4 D 14 A D F	ga (In yrs. Ia 49	Yrs.	Months Days		Min.	8. Data of Birt (Month, Day 10-16-	1946	9. Birth	piaca (Stata or Foraigi ntry) W.Va.
10a. Stata 10b. County		10c. City,	Town or Lo	cation						10d. Insida City Limits
Md. Carlin	ne	Ridg	gely						XXYas 2□No	
10e. Street and Numbar				10f. Zip Coda				10g. Citizan of	What Cou	ntry?
212 Oriole Ave	2 •			2166	C			U.S.A	٨.	
11. Marital Status 1 □ Navar Marriad 2X Marria 3 □ Widowed 4 □ Divorced	12. Was Dacedant Armed Forcas d 1 Yas 2 X if Yas, Giva Yaar or Datas:	?		Was Decedant of f Yas, specify Cul 1 □ Yas 2 ☒ No		in? (Spe , Puarto I	cify Yas or No- Rican, atc.)	14. Ra Bis	ricen Indian, , atc.	
15. Dacedant's			16a, Daced	iant's Usual Occu	pation			16b. Kind of E		
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8	Collaga (1-40)	3+)	Main	tence Me	chani	2		Tool N	Ifg.	
17. Fathar's Nama (First, Middla, L.	nst)				18. Mothai	r's Nama	(First, Middla,	Maidan Suma	ma)	
Walter Hall					Mar	jori	e Haas			
19a. Informant's Name/Ralationshi Barbara Hall (wit			212 Or	g Addrass (Strae					, Stata, Zij	o Code)
20a. Mathod of Disposition 1 ☐ Burial 2 ☑ Cramation 3	Removel from State		ce of Dispo natary, cran	sition (Nama of natory or othar pla	ice)		Data	20c. Location	- City or To	own, Stata
4 ☐ Donation 5 ☐ Othar (Spe	cify)		itol (remator	7		6/24	Dover	Del.	
21. Signature of Fundami Sarvice Li	cansee //	1		. Nama and Addr .eegle- 1			P.O. Bo Gree	x 160	Md.	21639
23a. Part Enter No disease, or co shock, or heart failura. List or	omplications that causa	d the daath.	Do not anti	ar tha moda of dy	ng, such as c	ardiac o	r raspiratory ar	rast,		Approximata Intarvai Batwaan
Sequantially list conditions, if any, leading to Immadiate ceuse. Enter Undartying Causa (Disaasa or Injury	b		as a conseq							
ceusa. Entar Undartying Causa (Disaasa or Injury that initlated avants rasulting in daath) Last	c	Dua to (or a	ıs a consaqı	uanca of):						
	d								i	
Part II. Other significant conditions	contributing to death b	ut not rasuit	ing in tha ur	idarlying causa gl	van in Part I.		23b. Did to	obacco use co	ntributa to	o the cause of death
CONTRIBUTORY; CIF	RHOSIS OF LIV	ER					1 🗆 Y	'es 2□ No	3 □ Pro	bably 4 ☐ Unknow
							24a. Was a perfor	an autopsy med?	av	ara autopsy findings aliabla prior to implation of ceusa death?
							1 0 Y	as 2□No	18	Vas 2□ No
25. Was casa rafarred to medical axaminar?	Hospital:					of Death	(Check only or	na)		
1 💢 Yas 2 □ No 27. Mannar of Death	1 L Inpatia		R/Outpatient	3L DON			na 5⊡ Raside			y)
1/2 Naturai Supanding 2 Accidant invastigat 3 Suicida 6 Could not	he		8b. Tima of Injury		ryat rk? !Yas 2 □ N		8d. Dascribe h	ow injury occur	red	
4 Homicida datarmine	28a. Place of Inj building, at	ury - At hom c. <i>(Spacify)</i>	a, farm, stra	at, factory, office		2	8f. Location (Si City or Town	treet and Numi n, Stata)	ber or Rura	al Routa Number,
29a. Cartifiar (Check only one) 1☐ Certifying I 2 ☑ Medical Ex	Physician: To the best of aminer: On the basis of and manner sta	axaminatio	edga, daath n and/or inv	occurred at tha ti astigation, in my	ma, data and opinion, daath	place, ar occurred	nd dua to tha c d at tha tima, d	eusa(s) and ma ata and place,	annar as si and dua to	tated. o tha ceusa(s)
29b. Signature and titla of certifiar	1 . 11			29c. Licans	a number		2	9d. Data signe	d (Month,	Day, Year)
30. Nama and address or parson wh	o complated causa of d	Oll Com a	2a) (Tuno 5		.C.M.	E.		JUNE 2	3,19	96
31. Data filed (Month, Day, Year)	1 A-160RG		0111	Penn S	treet	. В	Baltimo	ore, M	aryl	and 2120
1111 1 8	32. Hogistra	ar's Signatur	a P							

State

Registrar

NEW EXPLANATION OF THE elf fee of the

State of Maryland / Department of Health and Mental Hygiene

Cortificate of Death

96

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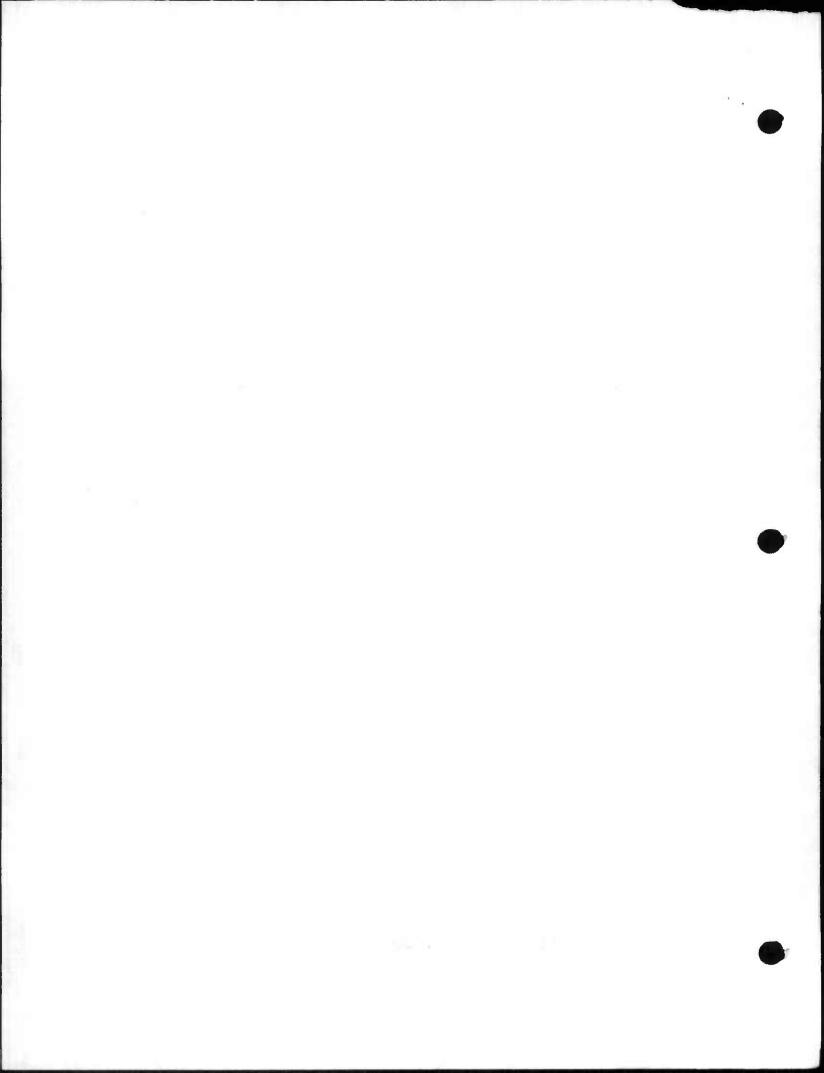
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Physic /Med		Decedent's Name (First GLO		ELAI	NE			HA	120	$nA\Lambda$	1 -	2. Data of De Month	Day	199(3. Time of Dea		
Exam		4a. Facility Nama (If not in	stitution, gi	va street end nu	m <i>ber)</i>				4b. City, Town, or Location of Deeth 4c. County of Death								
		PENINSULA	REGIO	ONAL MEI	DICAL C	ENTER	3			SAL	ISBU	RY		WICOMICO			
Funera Director		5. Social Security Number 578-20-43	64 8.	Sax 1□M 2⊠F	7. Age (In yrs		st birthdev) If Under 1 Year If Undar 24 Hrs. 8 Da						th ly. Year)		thplaca (State or For puntry)	reign	
p _		Usual Rasidance of Decedant															
21215-0020 within 72 hours after death with the Maryland jiene. Then "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at	tor		cest	er		. City, Town or Location Ocean City							10d. Inside City L				
	i Director	10e. Street and Number 1916 Mar	lin	Dr.			1	of. Zip Coo	342				ountry?				
	by Funeral	11. Marital Status 1 Navar Married 2		12. Was Dec Armed Fo 1 ☐ Yas If Yas, Gi Yaar or D	2 No	13. Was Decedant of Hispanic Origin? (Sp. If Yas, specify Cuben, Mexican, Puarto					? (Speci Puarto Ri	pecify Yes or No- Pican, atc.) 14. Race Blace Specify			e - American Indian, ck, Whita, atc. White		
5-0 72 ho	ted	15. De	cedant's E	ducation ada completed)		16a. Decedent's Usual Occupation							16b. Kind of Businass/Industry				
d 2121 filed within Hygiena. ther than *r int, the Med	Completed	Eiamantary/Gerondary (0-12) Collaga (1-4or 5-				(Give kind of work dona during most of worklifte. DO NOT usa retired) Homemaker						Own Home					
E Saby	To Be C	17. Fathar's Nama (First, Middla, Last) Tilghman Redmond					18. Mothar's Nama (First, Rebecca M										
Illimore,		19a. Informant's Name/Ralationship (Type, Print) C.R. Harman				19b. M	lailing A	ddrass (Str	reat and I	Number o	or Rurel I	Routa Numb	er, City or	Town, Stata, Md.	own, Stata, Zip Code) Md •		
		20a. Mathod of Disposition				Place of D	Place of Disposition (Nama of cematary, crematory or other place)					Data	20c. Loc	ation - City or	Town, Stata		
		Terquial 2 Doramation 3 Dramovernom Stete										-9	Elk	e, Md.			
		21. Signature of Fungral S		22. Nama and Addrass of Facility													
D ed de general		Ullrich Funeral Home Berli									clin,	Md.					
Fart		23a Pint Enter tha disaasa, or complications that caused tha daath. Do not enter tha mode of dying, such as cerdlec or respiretory errest, Interval Batwe Interval Batwe											Approximata Interval Batwear				
Physician /Medical Examiner		Immediate Causa (Final disease or condition	30	30							Onset and Death						
distribution of the same	ner	resulting in death)		a	Due to	(or as a cor	nsequen	ce of)	1 1	T-0), 0				Kest		
axecuter n and al-trans	Examiner	Sequentially list conditions, if eny, leading to immediate ceusa. Entar Underlying Causa, (Diseasa or injury c.										(0)	>				
ox 68760, cartificata be axecuted ding physician and its as the bunal-transit	edical	Causa (Disaasa or injury that initiated evants resulting in death) Last Dua to (or as a consequence of):									-	45000					
Box 6 auth cartiff attending for use as	3			d											1		
. 5 6 2	sicia	Part II. Other eignificant conditions contributing to death but not rasulting in the underlying cause given in P						in the underlying cause given in Part I. 23b.						. Did tobacco use contribute to the cause of death?			
that the de the de datached	by Physician							1	1 □ Yee 20 No 3 □ Probably 4				Probably 4 Unk	nown			
Division of Vital Records, P.O. Bo i or Attending Physician: The law requires that the death, aftar death. Director: Aftar this cartificate has been signed by the atten of in by the funeral director, page 2 should be detached for u	Completed b	Co	PPP	7 0	CUA	-						24a. Was	an autops rmed?	24b.	Were eutopsy findin available prior to completion of cause of death?	•	
The law ata has page 2	ĕ											10	Yas 2	PALO OMA	1 □ Yas 2 □ No		
Vital I bician: The cartificata irector, pag	Be	25. Was casa refarred to n	edical						26.	Placa of	Death (Check only	ona)			-	
Of V Physic this ca ral dire	2	1 Yes 2 No		Hospital:	Inpatient 2	ER/Outpa	atient 3	DOA	Other: 4	□ Nursi	ng Home	5 ☐ Rasi	dance 6	□Othar (Spe	ecity)		
ion C nding Pl ath. r: Aftar th	ation:		Panding nvestigatio		of Injury th, Dey Year)								ibe how injury occurred				
Division of Vital Returned the Hospital of Attending Physician: The I within 24 hours after death. To the Fureral Director: After this cardificate he completely filled in by the funeral director, page	Certification:	3 ☐ Suicida 4 ☐ Homicide 6 ☐ Could not be datarmined 28a. Placa of Injury - At home, farm, streat, factory, offica building, atc. (Specify)								28	f. Location (City or To:	Streat and wn, Stata)	Number or R	lural Routa Number,			
Hospit 24 hour Funera Funera	edicai (29a. Certifiar (Check only one)	rtifying Ph dical Exar	niner: On the ba	lan: To tha best of my knowledga, death occurred at the time, dete end place, or. On the basis of axaminetion end/or invastigation, in my opinion, death occurred and mannar stated.						olace, and	I o, and dua to tha causa(s) and manner as steted. Irred at tha tima, data end place, and dua to tha causa(s)					
To the comp	Me	29b. Signatura end titla of	artifiar					29c. Lic	ansa nur	nber			29d. Data	signed (Mon	th, Day, Year)		
	5	30 Name and address of	Z	(0, 0	u - V) .	m (20a) /T	no Deter						-	766	16		
_		30. Nama and addrass of p	HUTE	5X	7-0	River	is in	o Pr	. <	s also	ihy	· M)	218	71		
St Regist	ate rar	JUL (legistrer's Sign	atura	fall				U						

the officer personal . The state of the 198 · visit i ingi wates i ay i

196 21570 Amend # 7 WOSh Co. J.B July 12 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

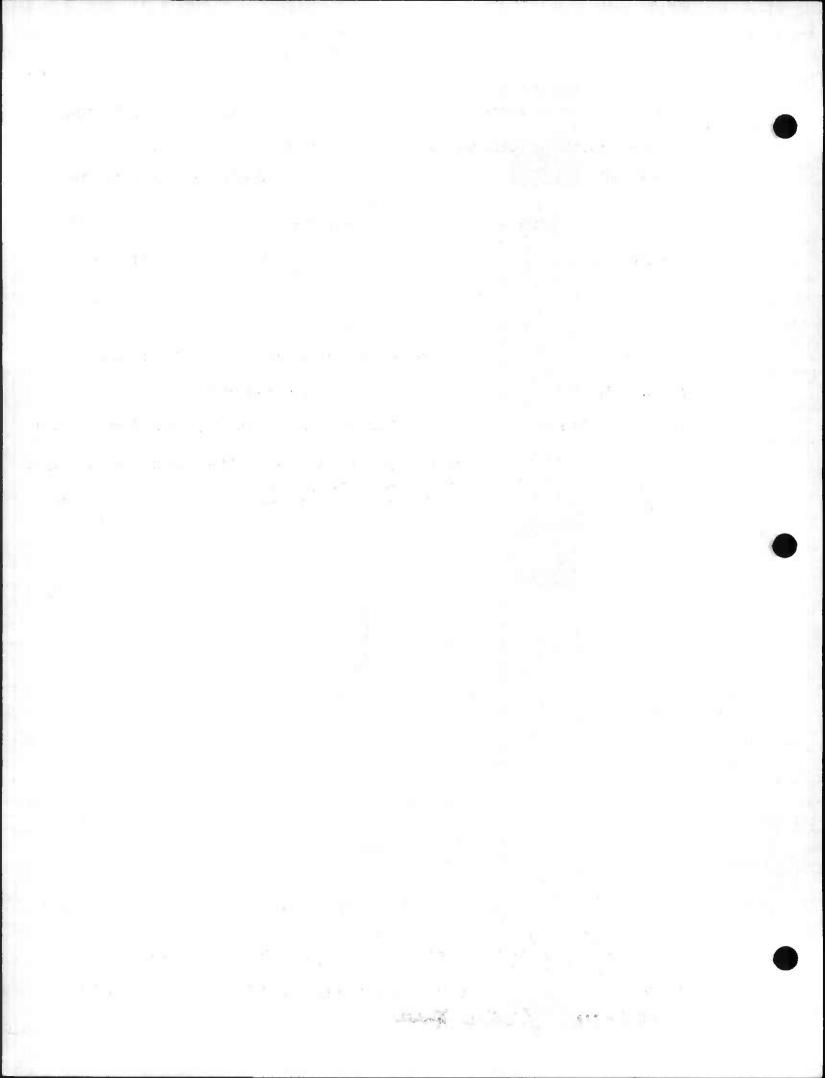
FOR 1 - STATE REGISTRAD

	1. DECEDENT'S NAME (First, Middle, Lest) DANIEL CLARENCE HARSHMAN 2. Date of Death MONTH July 9 DAY 1996									3. TIME OF DEATH		
œ	4. SOCIAL SECURITY NUMBER		IF UNDER	VEAD IE	NDER 24 HRS.		OF BIRTH I			IPLACE (State or Foreign		
	218-03-4554				DAYS HOL	-	(Month	Day (bar)	1006	Gounti	yland	
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE 10601 Church Hill Road Myersville Freder											
٥	RESIDENCE OF DECEDENT	1 Road			Муе	rsviii	.е			FI	eder	ick
E I	10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OF	LOCATION			_			10d. INSIDE CITY
DIRECTOR	Maryland Fred	lerick		M	yersv	ille						LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER					101, ZIP	CODE			10a, CIT	IZEN OF Y	VHAT COUNTRY?
FUNERAL	10601 Church Hil	1 Road					1773				USA	
Z	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S.	ARMED	13. W		NT OF HISPA	NIC ORIGIN	? (Specify Yes	or No-		- American Indian.
BY F	1 Never Married 2 Married	FORCES? 1 [X]NO			NO Specif		lcan, etc.)		Speci	— American Indian, k, White, atc.
	3 Wildowed 4 Divorced				1	_ X						White
	15. DECEDENT'S EDU (Specify only highest grad		16a.	DECEDENT'S	work done di	CUPATION uring most of v	rorkina	16b.	KIND OF BU	SINESS/INC	DUSTRY	
۱۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	$\Box_{D_{o}}$	Ille. Do NOT us	se retired.)	1112-001			nim	Form		
COMPLETED	12 2			iry Fa	armer				airy			
	17. FATHER'S NAME (First, Middle, Lest) Welty C. Harshma				16.	NA STRENTON			,			
띪		.11						_	auver			
2	190. INFORMANT'S NAME (Type/Print) Pauline E. Harsh	ıman		196. MAILING			mber or Rural					1773
		man					I NOd					
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremetton 3 Ren	noval from State	20b. PLAC cemetery,	crematory or o	OF DISPOSIT	TION (Name of		DATE	20c. LO	CATION —	City or To	wn, Stata
	4 Donation Cher (Specify)	Muses	pt. J	ohn's								Maryland
- 1	21. Signal Of Contents Schrice C	7					DRESS OF FA			P.O.E		
	Ricketts Funeral Home 504 Main St.											
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. DUE TO (O	IR AS A CON	SEQUENCE O	n: CO	mc	en					Interval Betwonset and D
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF):											
RTIFIC	CAUSE (Disesse or Injury that initiated events	OUE TO (O	R AS A CON	SEQUENCE OF	F):							
CERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	d										
AL CERTIFIC	CAUSE (Disesse or Injury that initiated events	d				lerlying ceu	se given in	Part I.	24s. WAS AN		24b	
DICAL CERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	d				lerlying ceu	se given in	Part I.		MED?	24b	AVAILABLE PRIOR TO
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent condition	d	eath but no	ot resulting		lerlying ceu	se given in	Part I.	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAU
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	d	SE OF DI	et resulting	in the unc	10 🗆 U	se given in	_	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?
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D BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events reaulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 Natural 5 Pending Investigation Pending Investiga	IRIBUTE TO CAUSE HOSPITAL: 1 Inpetient 2 E 28e. DATE OF IN (Month, Day.	SE OF DI 26. PI 27. PI 28. PI 28. PI 29. PI 29. PI 20. PI	EATH YELACE OF DEAL 3 DOA 28b. TIM	In the unc	IO U Iny one) Ing Home S PROC. INJURY WORK? 1 YES	NCERTAII Realdenca	6 Other 28d. DE\$	PERFOR	NJURY OC	CURED	AMALABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO
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OMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	IRIBUTE TO CAUSE HOSPITAL: 1 Inpatient 2 E 28e. DATE OF IN (Month, Day.) 28e. PLACE OF II building, atc.	SE OF DI 26. PI 27. PI 28. PI 28. PI 29. PI 29. PI 20. (Specify) 29. knowledge,	EATH YELACE OF DEAT 100 INJ	TH (Check or OTHER 4 Nursi	Ing Home 5 WORK? 1 YES Try, office	NCERTAII	8 Other 28d. DESt. 28f. LOCAL City of	PERFOR 1 YES 2 (Specify) CRIBE HOW I TION (Street or Town, State)	NJURY OCI	CURED or Rural F	AMALABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	IN CONTRIBUTE TO CAUSE TO THE SPITAL: 1 Inpetiant 2 E 28e. DATE OF IN (Month, Dey.) 28e. PLACE OF II building, atc.	SE OF DI 26. PI 27. PI 28. PI 28. PI 29. PI 29. PI 20. (Specify) 29. knowledge,	EATH YELACE OF DEAT 100 INJ	TH (Check or OTHER 4 Nursi	ing Home 5 Sec. INJURY WORK? 1 YES To, office	NCERTAII	6 Other 28d. DES 28f. LOCA City of	PERFOR 1 YES 2 (Specify) CRIBE HOW I TION (Street or Town, State)	NJURY OCI	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 0 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	IN CONTRIBUTE TO CAUSE TO THE SPITAL: 1 Inpetiant 2 E 28e. DATE OF IN (Month, Dey.) 28e. PLACE OF II building, atc.	SE OF DI 26. PI 27. PI 28. PI 28. PI 29. PI 29. PI 20. (Specify) 29. knowledge,	EATH YELACE OF DEAT 100 INJ	TH (Check or OTHER 4 Nursi	ing Home 5 Sec. INJURY WORK? 1 YES To, office	Residence Residence	6 Other 28d. DES 28f. LOCA City of	PERFOR 1 YES 2 (Specify) CRIBE HOW I TION (Street or Town, State)	NJURY OCI	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 0 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	IRIBUTE TO CAUSE HOSPITAL: 1 Inpetient 2 E 28e. DATE OF IN (Month, Day.) 28e. PLACE OF IS building, atc.	SE OF DI 26. PI 27. PI 28. PI 28. PI 28. PI 29. PI	EATH YE LACE OF DEA 3 DOA 28b. TIM INJ death occurr for investigation	TH (Check of OTHER 4 Nursi E OF JURY M street, fecto	ing Home 5 Sec. INJURY WORK? 1 YES To, office	Residence Residence	6 Other 28d. DES 28f. LOCA City of	PERFOR 1 YES 2 (Specify) CRIBE HOW I TION (Street or Town, State)	NJURY OCI	CURED or Rural F red. ne cause(a	AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO Noute Number, and manner as state (Month, Day, Year)
D BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	IRIBUTE TO CAUSE HOSPITAL: 1 Inpetient 2 E 28e. DATE OF IN (Month, Day.) 28e. PLACE OF IS building, atc.	SE OF DI 26. PI 27. PI 28. PI 28. PI 28. PI 29. PI	EATH YE LACE OF DEA 3 DOA 28b. TIM INJ death occurr for investigation	TH (Check or OTHER 4 Nursi E OF IURY M street, fectored at the time, in my op	ing Home 5 Sec. INJURY WORK? 1 YES To, office	Residence Residence	6 Other 28d. DES 28f. LOCA City of	PERFOR 1 YES 2 (Specify) CRIBE HOW I TION (Street or Town, State)	NJURY OCI	CURED or Rural F red. ne cause(a	AMALABLE PRIOR TO COMPLETION DE CAUDE DEATH? 1 YES 2 NO Route Number,



		Decedant's Neme (First, Mid		war yrar i		ertificate of	f Death		Reg. No.	96	2 5	71	
Physic	ian			Month	Day	Yeer		eatn					
/Medi		Wilson Coud	4h City Town or	July		996	0520						
Exami	ner	4a. Fecility Nama (If not institution, give streat and number) 4b. City, Town, or Location of Deeth 4c. County or											
Funeral		Union Hospit 5. Social Security Number		7. Age (In yrs.) If Under 1 Yea	Elkton If Undar 24 Hrs. S Hours Min.	8. Dete of Bir	th Ceo	cil 9 Birthol	lace (State or I	Foreign	
Director		221-18-7267 Usual Rasidance of Decedant	1⊠M 2□F		55 Yrs.	Months Dey	s Hours Min.	(Month, De	y, Year) 31, 1930	Count	ry) cyland		
yland		10e. State 10b. Coun	ty	10c. City	y, Town or L	ocation				10	10d. Insida City Limits		
e Ma	Director	Maryland	Cecil			North	n East			11⊠ Yas 2 □ N			
ith th	Dire	10e. Street end Number				10f. Zlp Coda			10g. Citizen of V	What Count	iry?		
eth w	ig.	210 Thomas Ave					21901				States		
urs e	by Funeral	11, Meritel Status 1 □ Never Married 2⊠ Me 3 □ Widowed 4 □ Divorce	Armed Fore	2. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Detas:			Hispanlc Origin? (S ban, Maxican, Puert Specify:	pecify Yas or No o Rican, etc.)	Specify	ck, White, e	merican Indian, hite, etc. White		
72 ho	Completed	15. Decede	ent's Education east grada completed)		16a. Deci	edant's Usual Occi	upation a during most of wor	rkina	16b. Kind of Bu	usinass/Ind	iustry		
within ene. then	mple	Elemantary/Secondary (0-12)		4or 5+)	iifa.	DO NOT use retir	red)	any					
i Hygiel other ti	S	9 17. Fathar's Nama (First, Middle	(act)		Ship-fitter & welde			no /First Middle	Ship Bu		ng		
Total of H	Be c	Alfred Holmes	a, Last/										
	2	19a. Informant's Name/Ralation	nship (Type, Pnint)		19b Mai	ling Addrass (Stree	et and Number or Ru		Reynolds		Code)		
ith ar		Amalia V. Holm					venue, POI					901	
permit. Peges 1 end 2 Department of Heelth s Important: If Item 27 is any injury or other tra once.		20a. Mathod of Disposition		20b. P		osition (Nama of emetory or other p		Deta		ation - City or Town, Stata			
		1 ☑Burial 2 ☐ Crametion 4 ☐ Donetion 5 ☐ Othar		tate				7/8/96	North 1	Fact	Marul	and	
mit.		4 Donetion 5 Othar (Specify) North East Methodist Cem. 7/8/96 North East, Maryland 21. Signature of Funeral Service Counses 22. Neme and Address of Facility Crouch Funeral Home											
Depa Impo		N.D. 80	4/20	5.5					th Foot	MD	21001		
		23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 127 South Main Street, North East, MD 21901 Approximate Interval Batween											
Physician /Medical Examiner	niner	Immedieta Causa (Final disaase or condition rasulting in daath)		OEST Dua to (o HEMIC			FAILUI OPATHY	RE		>	Onsat and De		
that the deeth certificate be assecuted ed by the attending physician end detached for use as the burlei-transit	Aedical Examiner												
th certifiending r use as	Physician/M		d										
he atten	sici	Part II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part I.							tobacco use co	ntribute to	the cause of	death?	
	by Phy							10	1 Yee 2 No 3 Probably 4 Unk				
aw requisite been 2 should	Completed b	24a. Wa								con	tra autopsy tine allabia prior to aplation of cau death?	To a	
D age	Son							10	Yes 2 No	10	Yas 2□N	10	
certificate rector, peg	Be	25. Was casa ratarred to medic axaminar?	Hospital:				26. Place of Dea	ath (Check only	ona)				
ing rnya	tion: To	1 Yas 2 No 27. Mannar of Death 1 Naturai 5 Pand 2 Accident invas		oma 5 ☐ Rasidence 6 ☐ Othar (Specify) 28d. Dascribe how Injury occurred									
E Par	Certification:	3 Suicida 6 Could not be datarmined 28a. Place of Injury - At homa, tarm, streat, tactory, office building, atc. (Specify) 28b. Location (Street and Nun City or Town, Steta)								er or Rural	Routa Numbe	91,	
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edicai	29a. Cartifiar (Check only one) 12 Certify 2 Medica	ing Phyeician: To the base and manner	ils of axaminat	wledga, daa tion and/or i	th occurred at tha nvastigation, in my	tima, data and place opinion, daath occu	, and dua to the rred at tha tima,	causa(s) and ma data and place,	innar as sta and dua to	ated. tha causa(s)		
Vithin O the	¥	29b. Signature and title of pertif				29c. Lice	nse number		29d. Dete signe	d (Month, I	Dey, Year)		
->-0		1	n//h prosen	w .	1)	λ	157111		11-10				
1.6		30. Nama end sadrams of barso	n who complated cause	ot death (Item	23a) (Type	Print)	70 574		110/7	٥			
10		/	1 400 2		1	WIN D	N PERR	VVIII	E MI	210	703		
Sta	te	31. Data filed (Month, Day, Yea	1	gistrar's Signa		4-1- 11	y I MIM	10,00	1	011	~		
(0 Sta Registr		30. Nama end s dons of rso 5 • DHANTAN 31. Data filed (Month, Day, Yea JUL 0 8 1996	1, MD 2	O CRE	91670	Print)	45 344 D. PERR	YVILL	7/3/7 E,ML	219	703		

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Physician July 4 1996 Della Virginia Hagerman 0820 A. M. /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Elkton Cecil 99 Red Hill Road 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Birthpiece (State or Foreign Country) **Funeral** 1□ M 2K F Months Devs Hours Director 236-16-5370 83 Feb. 27, 1913 Virginia Usuel Residence of Decedent death with the Maryland 10e. State 10b County 10c. City. Town or Location show 10d. inside City Limits 7 is marked other than "natural", or items 23a or 28a-f sho traumatic event, the Modical Examiner must be notified at 1 ☐ Yes 2 ☑ No Director Maryland Cecil E1kton 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21921 99 Red Hill Road United States Funeral 11 Meritei Status 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Bace - American Indian Bleck, White, etc. filed within 72 hours aftar 1 Never Merried 2 Married 1 Yes 2X No If Yes, Give Yeer or Detes: 0 Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ▼ No Specify: >q Specify: 3 Widowed 4 □ Divorced White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mental Hyglene. Important: If Itam 27 Is marked other than any Injury or other traumatic event. The Mean Injury or other traumatic event. Elementery/Secondery (0-12) College (1-4or 5+) Waitress Restaurant 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be John Harvey Honaker Surilda Keen 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 595 Blue Ball Road, Elkton, Maryland 21921 Jerry E. Hagerman 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) July 9 20c. Location - City or Town, Stete 1 XBurial 2 Cremetion 3 Removei from State Essaw Rife Cemetery Keen Mountain, Virginia 4 Donetion 5 Other (Specify) 1996 21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility Hicks Home for Funerals, P.A. 103 W. Stockton St., Elkton, Maryland 21921 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) SY Examiner Examiner sician and burial-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): that the daath certificate be execu physician s the burial P.O. Box 68760, Physician/Medical Due to (or as e consequence of) as attanding use Por ed by the a detached f Pert ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacce ase contribute to the cause of death? been signed by should be detac 1 les 2 No 3 Probably 4 Unknown Records. þ 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy performed? page 2 certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: aftar death. Director: After this certifica 25. Wes cese referred to medicel Be 26. Plece of Deeth (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 6 Other (Specify) ဥ 1 Yes 2 No 3□ DQA 1 Inpatient 2 ER/Outpetient funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) Certification: 28d. Describe how Injury occurred 28h Time of 28c. Injury et Work? 5 Pending Investigation 1 Naturei 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) In by 4 Homicide • Funeral C Hospital edical 29a. Certifier 1 Craifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the ceuse(s) end menner es steted. (Check only one) 2 Medicel Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end manner stated. To the within 2 29b. Signeture 29c. License number 29d. Date signed (Month, Dey, Year) 10 30. Name at ted cause of deeth (item 23e) (Type, Print) Ma N.II José 31. Dale filed (Month, Day, Yeer, State Registrar 0 8 1996

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State of Maryland / Department of Health and Mental Hygiene 96

					Certific	ate of	Death		Re	eg. No.		han I	• • •
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Physic /Medi		Nettie Mae	Но	well					ily 6,	1996	Year	3:1	O AM
Exami		4a. Fecility Nama (If not institution, g	iva street and number)				4b. City, Tow			4c. County	of Death		
		Avalon Manor Ho	ne Inc.				Hager	stown		Wash	ingto	n	
Funeral Director	2	5. Social Sacurity Number 6. 212-74-5241	Sax 1□ M 2⊠ F 8	(In yrs. last bii	Yrs. If Un Monti	dar 1 Year hs Deys		Min. (Date of Birth Month, Dey, Ep. 19,	Year) 1906		olace (Stet	a or Foreig
pu ,		Usual Residence of Decedent											
death with the Maryland ima 23a or 28a-f show	_	10a. Stete 10b. County		10c. City, Tow	n or Location						1	10d. inside	
N T	cto	MD Washin	gton	Ha	agersto	wn						1 L Y	es 2121N
5 9 5	E e	10e. Street and Number			10f.	Zip Coda			11	Og. Citizen of V	What Cour	ntry?	
23a	182	20816 Leiters M	ill Rd.			21742	2			US	Α		
be filed within 72 hours effer death with the Marylen tiel Hygiene. Id other then "natural", or items 23s or 28s-f show event, the Medical Experient must be notified at	by Funeral Director	11. Marital Status 1 □ Never Merried 2 □ Merried 3 ☒ Widowed 4 □ Divorced	12. Wea Decedent E Armed Forces? 1 Yes 2 N If Yas, Giva			cedent of I pecify Cub 2 X No	Hispanic Origi een, Mexican, Specify:	in? (Specify Puarto Rica	Yes or No- n, etc.)		k, White,		
ural'	D		Year or Dates:										
nat Police	Completed	15. Decedent'a (Specify only highest g	Education rede completed)	16a.	(Give kind of	work done	pation du <i>ring m</i> ost (d)	of working		16b. Kind of Bu	usiness/In	dustry	
within ene. than	E G	Elemantery/Secondery (0-12)	Coilege (1-4or 5-				ia)						
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should be filed nd Mentel Hygi marked other imatic event, I	Be		1	Descrip						neruen Suman	ra/		
Men Men	2		lliam	Brown				Rosa	М				
2 sh and ls m raum		19e. Informent's Neme/Reletionship	(Type, Print)		. Meiling Addr							(Code)	
end eaith n 27		David L.Howell			0816 L		s Mill						
A fee A		20e. Method of Disposition 1 ØBuriei 2 ☐ Cramation 3	Removal from State	20b. Plece o cemata	f Disposition (i	Neme of or other ple	ice)	De	ete 2	20c. Location -	City or To	wn, Stata	
Peges nent of I int: If fle ury or o		4 ☐ Donation 5 ☐ Other (Spec		Greenla	wn Memor	ial Pa	rk Jul	ly 8,199	96	William	spor	t,MD	2179
permit. Peges 1 and 2 should be Department of Health and Mente Important: If flem 27 Is merked, any injury or other traumatic ev		21. Signature of Euperal Service Lice	ansee /				ess of Facility UNERAL	HOME					
40140		1//logos///	- Core	_	P.O.E	30x #	348 W	illian	sport	,MD 217	795		
/Medical Examiner	Examiner	disease or condition resulting in death)	b	Oue to (or es a		of):						1100	سرر
death certificate be executed e attending physician end of for use es the burlel-transit	Medical	Sequentially list conditions if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated avents resulting in deeth) Last	C	oue to (or es e							-		
atten for u	Physician/										1		
the de	ysk	Part II. Other significant conditions	contributing to death but	t not resulting i	n tha underlyin	g cause gi	ven in Pert I.		23b. Dld to	bacco use co	ntribute to	the caus	e of death
ires thet the death cer signed by the attendin d be deteched for use	by Ph	Cagentin Hea	or Frich	A	Teris	rier	olie		1 □ Y	8 2 4 10	3 Pro	bebly 4	Unknow
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The page	Son								1 □ Ye	s 2 No	10	☐ Yes 2	!□ No
	Be	25. Was case referred to medical					26. Place o	of Death (Ch	eck only on	9)			
W 100	To	examiner?	Hospitei:	t 2 ER/Ou	utpetient 3	DOA Ot	her			nce 8 □Oth	er (Specif	(v)	
eral eral		27. Menner of Death	28e. Dete of Injun (Month, Dey		Time of	28c. Inju		-		w Injury occur		,,	
Attending or death. Sector: After by the fune	atlo	1 ☐Neturel 5 ☐ Pending 2 ☐ Accident Invastigati		rear)	njury M		rk?]Yes 2 □ N	0					
al or Attending Phy s effer death. Il Director: After this ed in by the funeral o	Certification:	3 Suicida 8 Could not determine		ry - At home, fe (Specify)	orm, straet, fac	tory, offica		28f. I	ocation (St. City or Town	reet and Numb , State)	er or Rura	al Route N	umber,
To the Hospital or Atte within 24 hours effer de To the Funeral Directo completely filled in by th	edical C	29e. Certifier 1 Certifying P (Check only one) 2 Medical Exe	hysician: To the best of ominar: On the besis of end menner stet	examination an	i, death occurr d/or invastiget	ed et the ti ion, in my	me, dete and opinion, daath	placa, and o	dua to the ce the tima, de	ouse(a) and me ate and place,	enner es s and dua to	teted.	e(s)
Nithir To the	×	29b. Signatura and title of certifiar				29c. Licen	sa number		2:	9d. Data signa	d (Month,	Day, Year)
->>			god mg			DIS	0 (9		;	July .	6. (9	96	
		20 Nome and address of		-th //	multi pitis								
		30. Nema and eddress of person who											
-0-		Vasant Datta, MD	334 Mill St	Hage	rstown,	MD 2	1740						
Sta	te	31. Dete filed (Month, Day, Year)	DOC STABLES	Digitature	and H								

Sept Hill Street

v 34 H i 5

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

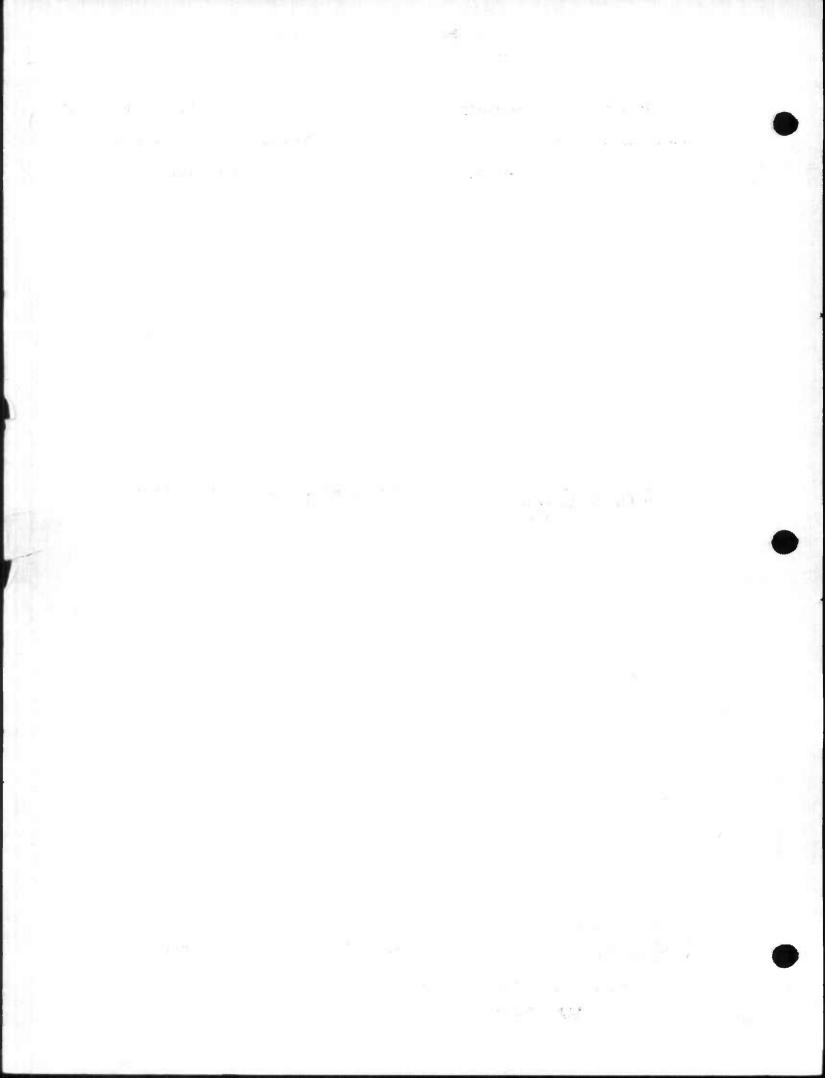
1	FOR STATE REGISTR	AR
ŗ	1. DECEDENT'S	NA
ı	ΔNN	Δ

	1 - STATE REGISTRAR STATE UP MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)						0 271	•		OF OEATH			3. TIME OF DEATH
	ANNA EM	ILY	HAMILT	ON					JUL		199	YEAR	06:00AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)			IF UNDER		7. DATE	OF BIRTH	200	8. BIRTH	IPLACE (State or Foreign
	220-03-0212A	1 M 2 F	91	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	105	Count	RYLAND
	So. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE		00/10		NTY OF C	
OR	WATERVIEW HEAL	THCARE	CENTER		5	ALI	SBUF	RY			lat.	COM	ITCO
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY							-			1 44.		
E				10c. CI1	Y, TOWN								10d. INSIDE CITY XLIMITS?
	MARYLAND WICO	MICO			SAL		URY				T		1 X YES 2 NO
RA	THE SHAPE OF THE PARTY OF THE P	55 400				10	1. ZIP CODE				10g. CIT		WHAT COUNTRY?
FUNERAL	105 TIMES SQUA	12. WAS DECEDENT		MED	10	WW 0 DEC	2180					U.S	
BY FL	1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 N			If yes, sp		n, Mexica	n, Puarto	N? (Specify Ye Rican, atc.)	a or No—	14. RACI Blaci Spec	E — American Indian, k, White, atc. //y: WHITE
ED	16. DECEDENT'S EDUC		18a. DEC	CEDENT'S	USUAL O	CCUPATH	ON		161	b. KIND OF BU	ISINESS/INI	DUSTRY	***************************************
Ē	(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5 +	- Min	Do NOT u	work done se retired.)	during mo	ost of workin	g					
APL	7		Н	OUS	EWIF	Ε				OWN F	OME		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First,	Middle, Maiden			
BE (GEORGE WILLING						ANN	NIE	Ε.	TODD			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	AOORES	S (Street a	and Number	or Rural F	Route Num	aber, City or Tox	vn, State, Zij	Code)	
F	MARY LOU HAMIL	TON			NU	TTEF	RS LA	NE,	PRIN	ICESS /	ANNE,	MD.	21853
	20a. METHOO OF DISPOSITION 1 Burtel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	wal from State	206. PLACE A						7/		CATION -		NE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE .	DELOI	MOOL	22.	NAME A	ND AOORES	S OF FA	CILITY		TIACES	JO MIN	INE, MD.
	* (anux x. &	Vern) MOO	295			N FUN SOME				TNCES	S AN	INE, MD. 21850
- 1	23. PART J. Enter the diseases, or or shock, or haert failure. L	omplicatione that	caused the de	ath. Do	not entar	the mo	da of dyl	ng, suci	h as cer	diac or resp	iratory ar	rest,	Approximate
	IMMEDIATE CAUSE /Final												interval Between Onset and Death
	disease or condition resulting in death)	DUE TO	YMON	11'0	7								2 Days
		DUE TO	OR AS A CONSEC	VUENCE O	F):								1
Z	Sequentially list conditions,	600	CMKON	4/6	0	39-	TAC	10	7 20	> pu	(MO	498	4 1040
Ĕ	ir arry, landing to immediata	DUE TO	OR AS A CONSEC	UENCE O	F):				Die	EAL			
2	cause. Enter UNDERLYING CAUSE (Disease or injury	AUE TO	OR AS A CONSEC	UPNOT O					0/3	C-436	-		
Ē	that initiated events resulting in death) LAST	30E 10 (OH AS A CONSEC	DUENCE U	r-):								i
CERTIFICATION		l,											
	PART II. Other eignificant conditions		death but not re	esulting	in the u	nderfyin	g ceuse g	iven In	Pert i.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
MEDICAL	DENGI	V+19,								1 TES			AMAILABLE PRIOR TO COMPLETION OF CAUSE
Ä											7		OF DEATH?
	DID TOBACCO USE	CONTRIBUTI	E TO CAU	SE O	F DEA	TH	YES [] NO) [7.
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. P1	LACE OF O	EATH (Ch	eck only o	ne)			
SIC	1 YES 2 HO	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nur		10 5 🗆 Ra	aldenca	8 🗆 Oth	er (Specify)			
E	27. MANNER OF OEATH	28a. DATE OF (Month, Da		28b. TIN	IE OF JURY	28c. IN.	JURY AT		28d. DE	SCRIBE HOW	INJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(1001411, 30	,, rour)		M	1 🔲		NO					
0	3 Suicide 8 Could not be	28e. PLACE Of building.	F INJURY — At horetc. (Specify)	me, farm,	street, fac	tory, offic	8			CATION (Street		r or Rural I	Route Number,
E	4 Homicide determined								City	or Town, State	,		
COMPLET	29e. CERTIFIER (Check only	IAN: To the best of	my knowledge, dea	eth occurr	ed at the t	ime, date	end place,	and due	to the ca	use(e) and ma	nner as sta	ted.	
ŏ													end menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER						29c, LICE						(Month, Day, Year)
B	warm a	NA MI	3				DE	20	14		▶ ?	181	96.
2	30. NAME AND ADDRESS OF PERSON WHO												, .
	MAHESH MOON 31. DATE FILED (Month Day Year)	DRA 5	Y7E	KIU	EVII	SE	DRI	VE	5	(2'2)	342	707	02/801
	JUL 0 9 1996 galia	32. REGISTRA	ardall										

State of Maryland / Department of Health and Mental Hygiene

et of Health and Mental Hygiene 96 21575

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ysician Jedical	Sandra K	Hanel	amp					Month June	22 19	Yeer 196	8:44AM
aminer	4e. Fecility Neme (If not institution,					4b. City, Tov	vn, or Local	tion of Deet			
	Memorial Hospita	a 1				Cumbe	erlan	1	A11	egany	,
eral			Age (In yrs.	last birthday)	If Under 1 Yea	r If Under 2				9. Birthol	ece (State or Foreign
ctor	212-38-5925	1 ☐ M 2 ☐ XF	53	Yrs.	Months Day	s Hours	Min.	Dete of Bir (Month, De Jan 1	y, Year) 10/2	Coun	/land
	Usuai Residence of Decedent		<i>J J</i>					Jan I	1743	mar	ranu
10	10e. Stete 10b. County		10c. Cit	y, Town or Lo	cation					10	d. Inside City Limits
0	Georgia DeKa	alb	C	onley							1 ☐ Yes 2 🂢 No
Director	10e. Street end Number				10f. Zip Code			Т	10g. Citizen of V	What Coun	trv?
3 0	3923 Rocky Va	allev Dr	ive		300				U.S./		.,,.
unatic event, the Medical Examiner must be nutified at To Be Completed by Funeral Director	11. Meritel Status	12. Wes Deced		e 12 V	Vas Decedent of		ing (Canali	v Voc or No		e - America	an Indian
E BE	1 Never Married 2 Married	Armed Force	es?		Yes, specity Cu	ban, Mexican,	Puerto Ric	an, etc.)	Bie	ck, White,	
by F	3 Widowed 4 Divorced	If Yes, Give		1	Yes 2 N	o Specify:			Specify	Wh -	ite
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rt, the Medical	15. Decedent's (Specify only highest ((Give I	lent's Usuel Occ kind of work don OO NOT use retii	e during most	of working		16b. Kind of B	usiness/ind	ustry
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any injury or other treumetic er once.	19e. Informant's Name/Reletionship			1					er, City or Town,		Code)
10	William E. Ha	anekamp/	husb.	3923	Rocky	Valle	y Dr	Co	nley,G	A 30	0027
6	20e. Method of Disposition			lace of Dispos	sition (Neme of netory or other p	lace)		Dete	20c. Location -	City or To	wn, Stete
5	W Burlet 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Special Control Cont		Fa-	rview	Mem1.	Garde	ns 6	26/91	Stoc	kbri	dge, GA
<u> </u>	21. Signeture of Funarel Service Lice				. Name end Add			10/16			
Suc	10000			0	00000	Unchui	och [uner	al Hom	e.PA	
	23a. Pert1. Enter the disease, or co shock, or heert failure. List on	The		2	02 Gre	ene Si	t. Cı	ımb.,	MD 2	1502	
	23a. Pert1. Enter the disease, or co shock, or heart failure. List on	ominications thet cau nly one cause on aed	sed the deet h lina.	n. Do not ente	er the mode of d	ying, such es d	cardiec or r	espiretory e	rrest,		Approximete Interval Between
ian											Onset end Deeth
ical	Immediata Causa (Final diseese or condition	Acut	e mvo	cardial	linfarc	tion				7	hours
ner	resulting in deeth)	0.									
ne		Arte	eriosc.	Lerotic	uence of): heart	diseas	е				
edical Examiner	Sequentially list conditions.	b	Due to (o	r es e consequ	uence of):						
	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disaese or Injury	Diat	etes								
edical	thet initiated events	c	Due to (o	es e consequ	uence of):	-					
3	resulting in death) Lest									i	
M		d								<u> </u>	
Physician/Mec	Pert II. Other signiticant conditions	e contributing to desi	h hut not res	ilting In the un	derhino cause (shran in Part I		23h Did	tohacco use co	ntribute to	the cause of death
hys	Hypertension					givair in realt i.			Yes 2 No		ably 4 Unknow
by Physic	- Hypertension	n/ nypotn	/IUIUI:	5111/ 006	SILY				7	0_1100	abiy 4 dinalon
D D								24a, Was	an autopsy	24b. Wa	re autopsy findings
eted	***							perfo	ormed?	con	ileble prior to npletion of cause
Completed									\/	of c	leath?
ပိ								10	Yes 2 No	1 🗆	Yes 2 No
B B	25. Was case referred to medical examiner?	48.50.50					of Deeth (0	Check only o	one)		
	12 Yes 2 No	Hospitel: 1 🗆 Inp	atient 2	ER/Outpatient	3□ DOA	her: 4 Nur	sing Home	5 🗆 Resi	denca 6 Oth	er (Specify)
To L	1	28e. Dete of (Month,	Dey Yeer)	28b. Time of injury	28c. Inj W	ury et ork?	280	d. Describe	how injury occur	red	
on: To	27. Menner of Deeth					☐Yes 2☐N	lo				
atlon: To	1 Naturel 5 Pending 2 Accident Investiget	tion		me form etre	et, fectory, offic	9	28f	Location (Street and Numb	per or Rura	Route Number,
tification: To I	1 Naturel 5 Pending 2 Accident Investiget 3 Sulcide 6 Could not	tion t be 28e. Pleca of	Injury - At ho	riie, iaiiii, sire							
6 0	1 Naturel 5 Pending 2 Accident Investiget 3 Suicide 6 Could not	tion t be 28e. Pleca of	Injury - At ho , etc. (Specify	()				•	WII, State)		
y miled in by the funeral directal Certification: To I	1 Naturel 5 Pending Investiget 3 Suicide 6 Could not datamine	t be ed 28e. Pleca of building	, etc. (Specify	vladga, daath	occurred at the	time, dete and	place, end	I dua to tha	causa(s) and me	ennar as st	atad.
edical Certification: To	1 Naturel 5 Pending Investiget 3 Suicide 6 Could not datamine	t be 28e. Pleca of building	, etc. (Specify est of my knowns of axamine)	vladga, daath	occurred et the astigation, in my	time, dete and opinion, deat	place, end	I dua to tha et the time,	causa(s) and me	ennar as st	atad. tha ceusa(s)
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Day **Physician** 1996 ROBERT HALL July 1, 6:15 AM /Medical 4a. Facility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Cumberland A

If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) Memorial Hospital Allegany 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplece (Steta or Foraign Country) **Funeral** 1**X** M 2□ F Months 69 Director 199-20-3383 Mar. 5, 1927 Pennsylvania Usual Rasidance of Decedent the Manylend 10a. State 10c. City, Town or Location 28a-f show 10d. Inside City Limits itam 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner numbers of position as Director ALLEGANY CUMBERL'AND 1 ☐ Yas 2 No 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 21502 U.S.A. 11606 BIRCH AVENUE Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 (M Yes 2 □ No If Yas, Giva Yeer or Detas: W.W. II 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Ricen, etc.) 14. Rece - American Indian Black, White, etc. filed within 72 hours after Hygiene. 1 ☐ Never Merried 2 Merried 3altimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: à Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highest greda complated) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work done during most of working lifa. DO NOT use ratired) Eiamentary/Secondary (0-12) Collega (1-4or 5+) 12 CHIEF TRAIN DISPATCHER RAILROAD permit. Peges 1 end 2 should be flie Department of Heelth and Mentel Hy Important: If itam 27 is marked other any Injury or other traumatic avanta 17. Father's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be GL'ADYS C. HYATT ELMER S. HALL 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) EVA JEAN HALL 11606 BIRCH AVENUE-CUMBERLAND, MD 20b. Place of Disposition (Neme of cematary, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stela 1 X Buriai 2 ☐ Cremetion 3 ☐ Removel from Stata CUMBERLAND, MD RESTL'AWN MEML GARDENS 7-3-96 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funaral Service Licansas 22. Name end Addrass of Facility GEORGE-UPCHURCH FUNERAL HOME, HORO 202 GREENE ST., CUMBERL'AND, MD 21502 23a. Part. Entar the disease, or cognications that caused the death. Do not entar the mode of dying, such es cardiec or respiratory arrest, shock, or heart tailure. List only one ceuse on each line. Approximete Intarvai Between Onsat end Death **Physician** Immediata Causa (Final disaasa or condition rasulting In death) /Medical CEREBROVASCULAR ACCIDENT 3 days Examiner Dua to (or as a consequence of): Examiner ADVANCED CARCINOMA OF PROSTATE 11/1990 ettending physician end for use as the burlai-transit certificate be executed Sequantially list conditions, if any, leading to immediata cause. Entar Underlying Cause (Disaase or Injury that initiated events rasulting in death) Last Dua to (or as e consequence of) Box 68760. Physician/Medical Due to (or as a consequence of) 88 P.0. Pert il. Other significant conditions contributing to death but not rasulting in the underlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death? 943 signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably Wunknown The law requires that Division of Vital Records, by 24b. Wara autopsy findings available prior to completion of cause of deeth? Completed 24a. Was an autopsy performed? certificate has ebed 2 1 No 1 ☐ Yas 1 ☐ Yas 2 ☐ No. To the Hospital or Attending Physician: "ywithin 24 hours efter death." To the Funeral Director: After this certifica completely filled in by the funeral director, t Be 25. Was cesa ratarred to medicel axaminar? 26. Place of Death (Check only ona) Hospital: 1 Inpetiant 2 EP/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Certification: To 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding Invastigation 1 Natural 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 Suicida 28a. Place of Injury - Al homa, farm, streat, factory, office bullding, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

| Certifying Physician: To the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) Medical 29a. Cartifiar (Check only one) end menner stated. 29b. Signature and title of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) D 23371 1996 30. Nama and addrass of person who complated causa of death (Item 23a) (Type, Print) Zaman, Johnson Heights Medical Bldg., Cumberland, MD 21502 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State JUL 0 8 1996 Registrar

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FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached fire	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

	1 - STATE REGISTRAR		01 1111111	CE		ICATE				RE	G. NO.				
	1. DECEDENT'S NAME (First, A								-	2. DATE OF DE	ATH			3. TIME OF DEA	TH .
	CHARLES PAUL	HINEA								JULY	0.5		L996	06:30	ам
	4. SOCIAL SECURITY NUMBER			GE (In yrs. lest	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIE	TH		8. BIRTH	PLACE (State or Fi	oreign
	214-05-5389	1 🖔 M 2	□ F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug I	9,	L911	Countr	" PA	
	90. FACILITY NAME (If not insti	itution, give street and nu	nber)					R LOCATIO		ATH		9c. COU	NTY OF D	EATH	
DIRECTOR	LIONS MANO		HOME			CU	MBE	RLAND)			A	LLEG	ANY	
ן ק	RESIDENCE OF DECE	DENT 10b, COUNTY			40- 017	Y, TOWN O									
E	MD	Allegan	7			umbei								10d. INSIDE CITY	
	10e. STREET AND NUMBER	THICHMI				unioci		ZIP CODE				40- 012	175N 05 N	1X YES 2 ☐	NO
FUNERAL	317 Magrud	ler Street					101.	2150					SA	THAT COUNTRY?	
5	11. MARITAL STATUS	12. WAS D	ECEDENT EVE	A IN U.S. ARM	AED					IIC ORIOIN? (Spe		or No-	14. RACE	— American Indi	en,
B≺	1 Never Married 2 🔀 M 3 Widowed 4 Divorce	IE VEC	, GIVE WAR O		o		YES	2 A NO	Specify	n, Puerto Rican,	etc.)		Speci		
<u>a</u>	15. DECED	DENT'S EDUCATION highest grade completed)		16a. DEC	EDENT'S	USUAL OC	CUPATIO	DN .		16b. KIND	OF BUS	INESS/IN	DUSTRY		_
Щ	Elementary/Secondary (0-12		1-4 or 5 +)	ille.	Do NOT us	work done o se retired.)	during mo:	st of working	g						
COMPLETED	12			F	etir	red				В	all	isti	CS		
8	17. FATHER'S NAME (First, Midd									ME (First, Middle,					
BE	John L.									etto (Ne					
٩	19e. INFORMANT'S NAME (Type									Route Number, City				500	
	Nancy Hine			-					et;	Cumber.				.502	
	1 4 Buriel 2 Cremation	3 Removel from S	tate	cometery cren	ND DATE (of DISPOSI	ITION (Na	me of	207 7	07/09			city or To	wn, State	
	4 Donation 5 Other (S			35 P	eter										
	+ Oroma	- 7 N	lan	· nl				pell erla		ineral I MD 21		2			
\vdash	23. PART I Enter the dise	esses, or complicati	ons that cau	sed the dea	th. Do r							reton, ar	reet	Approxim	-10
	snock, or nee	ert failure. List only	one cause of	n each line.				ao oi ayi	ing, suci	i as caldiec o	igaþii	atory at	rest,	intervai B	etween
	iMMEDIATE CAUSE (Final disease or condition	Com	mativa	Har	J.	Sail	100/							Onset and	Ann
	resulting in death)	e. Con	PUE TO (OR A	S A CONSEO	UENCE O	FV)	NOV 6							2 mo	nus
z	where the live services		,											į.	
일	Sequentially list condition if any, leading to immedia	ate	DUE TO (OR A	S A CONSEC	UENCE OF	F):									
2	cause. Enter UNDERLYING CAUSE (Disease or injury	C													
	thet initiated events resulting in death) LAST	1	OUE TO (OR A	IS A CONSEQU	UENCE OF	F):								l I	
CERTIFICATION		d												-	
AL.	PART ii. Other significant											WTOPSY	24b.	WERE AUTOPSY F	
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PHYSICIAN:	25. WAS CASE REFERRED TO I	MEDICAL HOSPIT	AI ·	26. PLACE	OF DEAT	TH (Check o									
YSI	1 TES 2 X NO		ent 2 - ER/C	Outpatient 3	DOA	Nurs	t: Ing Home	5 🗆 Res	aldence	8 Other (Spec	ffy)				
	27. MANNER OF DEATH 1 X Natural 5 Pe	1	DATE OF INJUI Month, Day, You		28b. TIM	E OF URY	28c. INJU WOI	JRY AT		28d. DESCRIBE	HOW IN	JURY OC	CURED		
BY		restigation	Marian San San San San San San San San San S			М		ES 2	NO						
		ould not be termined	PLACE OF INJU pullding, etc. (5	JRY — At hom Specify)	ne, farm, s	street, facto	ory, office			281. LOCATION (nd Number	or Rural R	oute Number,	
	29a. CERTIFIER														
COMPLETED	(Check only	YING PHYSICIAN: To the	beat of my kr	nowledge, deal	th occurre	n. In my or	me, date	end place,	and dua	to the cause(s) e	nd man	ner es stat	ted.	and manner or or	-
	29b. SHONATURE AND TITLE OF	-	1.111		-						- 1				meg.
BE		Luch	nom					29c. LICE			-	≥ Ja		(Month, Day, Year) 7, 1996	
2	30. NAME AND ADDRESS OF P	EBSON WHO COMPUTE		avenu	27)_(Type:	Printin	~1 ~=		328	21502		- 21	4	7 (7/6	
	Dr. Sunii	Gupta; 62:	Kent	Avenu	e; "C	unbe:	ттап	ia, 14	ט ע	.1502					
	31. DATE FILED (Month, Day, Yea		GISTRAR'S S	IGNATURE							_				
	7111 09	1996 Jali	devely	or Rords	11										

				State of I	marylan 		ertificate			d Mental Hy	giene 🗦 Reg. No.	00 2	13/9
П	Physic	an	1. Decedent's Neme (First, Middle, La	st)						2. Dete of De Month	eth Dey	Yeer	3. Time of Death
4	/Medi		JESSIE MAE			Ţ,	JONES			June	24, 19	96	9:50 PM
À	Exami	ner	4e. Fecility Neme (If not institution, give					4		or Location of Deatl	100		
_			SALISBURY CENTER: 0 5. Sociel Security Number 6.5				v) If Under	1 Year	SALISE If Under 24 F	BURY, MD.	WICOM		- (OLD V. E
	Funeral Director		213-42-2328	□M 2□F	Age (In yrs. 79	Yrs.	Months	Deys		fin. 8. Dete of Bir	7,1917	Country	DE N.C.
	D		Usuel Residence of Decedent								7,1217	LauitAiv	DL, N.C.
	anylan show	2	10e. Stete 10b. County		10c. City	, Town or	Location					100	I. Inside City Limits
	Na M	FuneradDirector	MD. WICOMI	CO	SAL.	ISBUR		21.75					1 ☐ Yes 2 ☐ No
	with with	ě	10e. Street and Number LISBURY CENTER; G	NECTO EL	DERCAI	D 15	10f. Zip				10g. Citizen of V		n
	aath ma 23	erad	11. Meritel Stetus	12. Wes Decede			218 Was Deced		Ispenic Orlgin?	(Specify Yes or No		SA se - American	Indien
0	flar d	Fun	1 Never Merried 2 Merried	Armed Force	s?		If Yes, spec	ify Cube	n, Mexicen, Pu	ierto Ricen, etc.)		ck, White, etc	
020	el. o	þ	3 CkWidowed 4 □ Divorced	If Yes, Give Yeer or Dete	s:		1□ Yes 2	No DK	Specify:		Specify	BLAC	K
21215-0020	filed within 72 hours after death with the Maryland Hygiana. ther than "natural", or ferne 23a or 28a-f show ent, the Medical Examiner must be notified at	Completed	15. Decedent's Ed (Specify only highest gra	fucation de completed)		16e. Dec	edent's Usue	Occupa	ation	working	16b. Kind of B	usiness/Indu	stry
121	od.	mpi	Elementery/Secondery (0-12)	College (1-4	or 5+)			e retired	during most of ()		NONE		
	Hygia Hygia ther t	ပိ	17. Fether's Neme (First, Middle, Last,			DU	MESTIC		18 Mother's I	Neme (First, Middle,	NONE Meiden Sumen	nel	
an	d be fred of	o Be	JESSE DA						TO. MICHIELS	Alleria de Falaci	IE PARKS		
Maryland	should be nd Mental marked o	To	19e. Intorment's Neme/Retetionship (Type, Print)		19b. Ma	iting Address	(Street	end Number of	Rural Route Numb			ode)
	and 2 saith a n 27 is		EMMA DAVIS			10	12 FAII	RGRO	UND DR	IVE #8: S	ALISBUR'	Y, MD.	21801
ore,	of He		20e. Method of Disposition 1 □ Buriel 2 □ Cremetion 3 □	D	20b. P	leca of Dis	position (Nem	ne of ther plea	a)	Dete	20c. Location -	City or Town	n, Stete M
Ĕ	Pages ment of I ant: If Ite ury or of		4 Donetion 5 Other (Specif		GRE	EEN A	CRES M	EMOR	Y PARK	6-29	WEST F	RD. SAI	LISBURY,
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mental Hygiana. Important: if Item 27 is marked other than "natural", or fierna 23a or 28a-f show any Injury or other traumatic event, the Medical Examenal must be notified at Once.		21. Signature of Funerel Service Licar	isee	1		22. Neme en			JOLLEY M			•
_	40 5 6 d		Joseffa &	S. Jour	lep		1213	JERS	EY ROAL): SALISB	URY, MD.	. 2180	1
	Physician		23e. Pert1. Exter the disease, or com shock, or heert feilure. List only									i ir	pproximete ntervel Between Onset end Deeth
A	/Medical		Immediate Cause (Final disease or condition	Pron	moni	1	Ano (075	TRO IN	TES TIME	Skee	al	1 PAy
В	Examiner	2	resulting In death)	ay_/			equence of):						0
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	xecut and al-trar	xan	Sequentially list conditions, if eny, leeding to immediate		Due to (o	r es e cons	equence of):						
8760,	icata be axecuted physician and s the burial-transit	dicai	cause. Enter Underlying Cause (Diseese or Injury thet initieted events	c	Duo to (or		equence of):						
Φ	tificat ng phy as th	Jedi	resulting In deeth) Last		20010 (01	65 6 00115	equerice or,						
Box	Tha law requires that tha daath certifi ata has been signed by tha ettanding I paga 2 should be datached for use as	Physician/Me		d								1	
0	tha ei	ysic	Pert fl. Other significant conditions of	ontributing to death	but not resu	Ilting in the	underlying ca	ause giv	en in Pert I.	23b. Did	tobacco uee co	ntribute to t	he cause of death?
Ω,	that the datac	y Ph	Hovances	Der	new;	78				10	Yes 2 No	3 Proba	bfy 42 Unknown
rds,	uld be	d by	0,00		4-63-	1		7			en eutopsy		eutopsy findings
Record	w requires been si	Completed	CHI		ALPL	Coro	Sd	pro	sus	perfo	ormed?		eble prior to pletion of cause eth?
	Tha law ata has paga 2	mo	molecles							10	Yes 20 No	10	
Viita		Be C	25. Wes case referred to medical				-		26. Place of	Deeth (Check only o			
of <	5 00 00	To	examiner? 1 ☐ Yes 27 No	Hospital: 1 ☐ Inpe	atient 2	ER/Outpeti	ent 3 DO	A Oth	er: 4 Nursin	g Home 5 ☐ Resi	denca 6 Oth	ner (Specify)	
Ē	tending Ph leath. for: After thi tha funaral		27. Menner of Deeth 1 Neturel 5 □ Pending	28a. Dete of I (Month,	njury De <i>y Year)</i>	28b. Time Injury	of 2	Bc. Injun Worl	et k?	28d. Describe	how Injury occur	red	
<u>S</u>	death.	cati	2 Accident investigation 3 Suicide 6 □ Could not b	9			М		Yes 2 □ No	0011			
Division	or Al eftar Direc I in by	Certification:	4 ☐ Homicide determined	28e. Placa of	etc. (Specif)	me, tarm,	street, factory	, office		City or To	Street end Numb wn, Stete)	oer or Hurai r	toute Number,
	To the Hospital or Attending within 24 hours efter death. To the Funeral Director: After completaly filled in by the fune		29a. Certifier 1 Certifying Ph	ysician: To the be	st of my know	vledge, de	eth occurred e	et the tim	ne, dete end pl	eca, end due to the	ceuse(s) and me	enner es stat	ed.
	in 24 t	edical	(Check only one) Medical Exam	niner: On the basis end menner	of examinet	ion end/or	Investigation,	in my op	oinlon, deeth o	ccurred et the time,	date and place,	end due to the	ne cause(s)
	within 2 To the comple	Σ	29b. Signeture end title of certifier						e number		29d. Date signe	,	/
) - hu	00	as)	D	-398	313		61	25/	96
			00 11 1 1 1 1										

State Registrar MICHAEL ATKINS, M.D., 1104 HEALTHWAY DR., SALISBURY, MD.21804

31. Date filed (Month, Day, Yeer)

JUN 28 1996

July 2 Multipular Raddle 32. Registrer's Signeture

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		HEGISTHAN				CENTIF	ICALE	UF	DEAL			REG. NO.			
		1. DECEDENT'S NAME (Firs									2. DATE OF	DEATH		3	3. TIME OF DEATH
	1	Ruby	H. Jus	stice							MONTH	/02/	96	YEAR	5:15 am
	ŀ	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF			a PIOTHOI	LACE (State or Foreign
		240-38-2339	1	1 M 2 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, I	Day, Year)	25	Country)	
pinc		9a. FACILITY NAME (If not									Dec.	/, 15			Carolina
3 should	ac								R LOCATIO		EATH			TY OF DEA	
€.	DIRECTOR	Deer '		d Center			Sa	lis	bur	У			Wi	icomi	ico
S	입	10a, STATE	10b. COUNTY	1		100 CIT	Y, TOWN O	D I OCAT	TON	-					
P.30	8	Md.	Wicom			IOC. CIT									Od. INSIDE CITY LIMITS?
H.		10a. STREET AND NUMBER		100			Sal								YES 2 NO
burial-transit permit, Pages 1,	UNERAL							101	. ZIP CODE						AT COUNTRY?
ransi	9	807 Gettys	sburg A	ve.					2180	1				U.S.A	. •
rial-b	F	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1			13. V	AS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, atc.
at D	ВУ	3 Widowed 4 Div		IF YES, GIVE W			i	YES	2 NO	Specify	n, Puerto Hic /:	en, etc.)		Specify:	
as th														Whi	te
nse	TED	15. DE	CEDENT'S EDUC By highest grade	CATION completed)	16a	Give kind of	work done d	CUPATIO	ON st of workin	a	16b, K	IND OF BUS	INESS/IND	USTRY	
ğ	LET	Elementary/Secondary ((0-12)	College (1-4 or 5+)	Ille. Do NOT us	se retired.)		or or working	v					
ched	호	10				Cafeter	ia W	orke	er		Fo	od Se	ervic	е	
oetach Once.	COMP	17. FATHER'S NAME (First, I	Middle, Last)						16. MOTH	IER'S NA	ME (First, Mid	dle, Maiden	Surname)		
8 %	Ш	Alvie He	ewitt						Gol	die	Hewit	+			
5 should notified	8	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a		_			State Zin	Codel	
not	2	Donna Nib	lett			31929						ony or row.	, orang ap	0000)	
2		20g. METHOD OF DISPOSIT			20h BL 4	CEANDDATE				ve					POSIT
must		1X Burial 2 Cremati	on 3 🗌 Remo	oval from State	cemetery	cremetory or o	ther place)	TION(Ne	me or		DATE			City or Town	, Stata
		4 Donation 5 Ofte 21. SIGNATURE OF PUNERU			ISPTI	inghill					7/5	Hebi	con,	Md.	
examiner		AT. STOREST OT YORKS	AL SENVICE LIC	A /		0/	22. N	IAME AN	D ADDRES	S OF FA	CHLTY				
exa .		Som	11/1	Da	nin	X/	Bo	unds	Fun	eral	Home	Sal	ichu	rv M	fd.21804
signed by the attending projection and competerly miled in by the funeral director, page 5 should be detached for use Health and Mental Hygiene prior to burial, cremation, or removal. ws any injury, or other traumatic event, the medical examiner must be notified at once.	\neg	23. PART I. Enter the	diseases, or o	omolications that	caused the	death Do r	ot enter	the mov	de of dule	C L au	. Monte	, Ja	1350	Ly, 11	
or remova		shock, or h	naart fallure. I	List only one ceu	se on each	ilne.	ot onter	ine mo	de or dyn	ng, auci	i aa cardia	or respii	atory arre	JBC,	Approximate interval Between
the t		IMMEDIATE CAUSE (Fi disease or condition	nal												Onset and Death
emati		reaulting in death)	→ ,			nitis				_					2 days
il, crema event,				DUE TO	OR AS A CON	NSEQUENCE OF	F):								2 days
nior to burla traumatic	Z	Sequantially list condi-	Hone t	possi	ble 1	Pulmor	narv	_Em	boli	i_sm_					2 3246
or to	Ĕ	If any, leading to imme	ruiete	DUE TO	OR AS A CON	SEQUENCE OF	7:			- 10111					- uays
r tr	3	CAUSE (Disease or Inju													
or other	쁜	thet initiated events		DUE TO	OR AS A CON	SEQUENCE OF	·):				_				
P F	CERTIFICATION	resulting in death) LAS)' (1											
th and Menta any Injury,		PART II Other electric	ant acadist-	n nombrita de la	de at h								/		
In I	EDICAL	PART II. Other significa	ent condition	contributing to	geeth Dut n	ot resulting I	n tha unc	terlying	ceuse g	iven in	Part i. 24	PERFOR			ERE AUTOPSY FINDINGS
any	No.										_ 1	YES 2		CC	OMPLETION OF CAUSE F DEATH?
SW0	ME												Λ		YES 2 NO
short	-	DID TOBACCO U	ISE CONTR	RIBUTE TO CAL	USE OF D	EATH YE	SIN	O D	UNC	ERTAIN				1	
n 23	IAN:	25. WAS CASE REFERRED T				LACE OF DEAT			0110	- CIVIII	, ,				
iter	SICI	EXAMINER? 1 YES 2 NO		HOSPITAL:			OTHER	:							
6	HYS	27. MANNER OF DEATH		28a. DATE OF			-	_		idence	6 Other (S				
Ked	0		Pending	(Month, Da		28b. TIMI	URY	28c. INJL WOF	RK?		28d. DESCR	IBE HOW IN	JURY OCC	JRED	
mar	B	2 Accident	Investigation				М		ES 2 🗌	NO					
- 89	8		Could not be	28e. PLACE OF building, a	HC. (Specify)	t homa, ferm, s	treet, facto	ry, office			26f. LOCATE	ON (Street ellown, State)	nd Number (or Rural Rout	te Number,
2 2	ET	4 Homicide	determined								,				
5 5		29a. CERTIFIER (Check only	TIFYING PHYSIC	CIAN: To the best of a	my knowledge	, daeth occurre	d at the tin	ne. deta	and place	and due	to the cause/	s) and man	nor no etelo	4	
2 = 1	MP														nd manner as stated.
AM	8						,,					a piace, and	dua to the	cadea(s) si	TO THEIRIPF HE STATED.
be filed within 72 hours after death with the State Dept. of 1 IMPORTANT: If Item 28 is marked, or Item 23 sho	BE	296. SIGNATURE AND TITLE	OF CERTIFIER	14.	-11-0	. 0			29c. LICEN				29d. DATE	SIGNED (M	lonth, Days Year)
2 ×	5	02	7	EST	7	Med			וע	600	3		> /	121	7 .
		30. NAME AND ADDRESS O									-				
	0	1.J. Hw	ang,	M.D., P			, Sa	ali	sbur	У,	MD.	2180	2-20	18	
Į.	3	31. DATE FILED (Month, Day,		32. REGISTRAN	S SIGN DUR	5.11					-				
		JUL 03	1996	Status at aut	MON-NON	day									,
L		V V	1777	/											

State of Maryland / Department of Health and Mental Hygiene 96 2 | 58 |

					Ce	rtificate	of D	eath		Reg. No.		
Physic	cian	1. Decedant's Name (First, Middle, La	ast)			-			2. Deta of E Month		Year	3. Time of Eleath
/Med		вовв		Α.	JACKS	SON			July	4, 1		8:30 A.M
Exam	iner	4e. Facility Nama (If not institution, given					4b	. City, Town, o	or Location of Dea	th 4c. Cou	nty of Death	
ELT V		Montgomery G				1 1000-2 4		Olney			ntgome	
Funera Director	_		Sex 104 M 2□ F	7. Aga (In yrs.	6 Yrs.	If Under 1 Months I	Days	if Undar 24 H Hours M	in. (Month, L	olith (Pear) 9,1939		place (Stata or Foreign ntry) Cyland
Marylend a-f show	tor	10a. State 10b. County 10c Fre	derick	10c. Cit	y, Town or L Mt . A							10d. Inside City Limits 1 ☐ Yas 2√No
ter deeth with the Marylen ferms 23a or 28s-f show	al Director	10e. Street and Numbar 4454 Mill Bo	ttom Rd	. •		10f. Zip C	oda 217	71		10g. Citizan		·
0 5 8	by Funeral	11. Maritel Stetus 1 Nevar Merried 2 Married 3 Widowed 4 Divorced	12. Was Dec Armed Fo 1 Yes If Yes, Gi Yaar or D	2 No	,S. 13.	Wes Deceder If Yes, specify 1 ☐ Yas 25	Cuban	panic Origin? , Maxican, Pu Specify:	(Specify Yes or Narto Rican, atc.)		ece - Ameri leck, Whita, city:	atc.
n 72 hours *natural",	ted	15. Decedant's E	ducation		16a. Dece	dant's Usual (Occupat	Ion	ndina	16b. Kind of		
within ene. than	Completed	(Specify only highast grades) Elemantary/Secondary (0-12) 6	Collega (1-4or 5+)	Labo	kind of work DO NOT usa Ter	retired)	ring most or v	vorking	Refus	e Comp	any
Hygie other	Be	17. Fathar's Nama (First, Middla, Last	•					18. Mothar's N	ama (First, Middl	a, Maiden Sum	ama)	
0 0 0	To B		Charle	s Herbe	rt Jac	kson,S	r.	Capto	oria	G:	ray	
S DEE		19a. Informant's Name/Ralationship (Type, Print)		19b. Mall	ing Addrass (S	treat ar	nd Number or	Rural Route Num			o Code)
C TO N F		Betty M. Crous	е		445	4 Mill	Bot	ttom Ro	1./ Mt.	Airy, M	d. 21	771
permit. Peges 1 and Department of Healt Important: If item 2; any injury or other once.		20a. Mathod of Disposition 1 Bunal 2 Cremetion 3 C 4 Donetion 5 Other (Special		Stata	Place of Disp cematary, cre	osition (Nama matory or other	of or place))	Data 7-9-96	20c. Locatio	n - City or T	
artm ortar inju		21. Signatura of Funarel Service Lice		LII					Stauffer		1 Home	Maryland
Depa Impo any i		D. 1/1	3/									
Physician /Medical Examiner		23a. Part1 - Par tha disease, or com shool or heart failura. List only immediata Cause (Final disease or condition rasulting in daeth)	ona causa on a	NOCA	RCIC	ter the moda o	of dying,	such es card		errest,	x, IId.	Approximeta Interval Between Onset and Death
p #s	liner		h	Dua to (c	or as a conse	quence of):					1	
iceta be executed physician and s the burial-transit	Examiner	Sequantially list conditions, if any, leading to immadiata causa. Enter Undarlying Causa (Disaasa or injury		Dua to (o	r as a conse	quence of):						
deeth certificeta be executed attending physician and d for use as the bunal-transit	/Medical	that initiated evants resulting in death) Last	d	Dua to (o	r es e conse	quance of):						
deeth death of atten	cian										1	
the cy the	by Physician	Part II. Other significant conditions of			_					_		o the cause of death? bably 4 Unknown
aw requires been so 2 should	Completed b									s en eutopsy formed?	av cx	fara autopsy findings vailable prior to empletion of cause daeth?
0 - 6	E								10	Yes 201No	1	□Yes 2□No
	Be C	25. Was casa referred to medical						26. Place of D	eath (Check onl)			
5 00	10	examinar? 1 ☐ Yes 2 ☐ No	Hospital: 1 🗹	Inpatient 2 🗆	ER/Outpatle	nt 3 DOA			Home 5□Re		Othar (Speci	fy)
fing Ph h. Aftar th funaral		27. Manner of Death 1 Naturel 5 Panding 2 Accidant invastigation	28a. Data (Mon	of Injury th, Day Year)	28b. Tima o Injury		Injury a Work?	at as 2 □ No		how injury occ		
fred fred fred n by	Certification:	3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicida datarmined	28e. Place	of Injury - At ho ing, atc. (Specify	ome, farm, st	raet, factory, o	ffice		28f. Location City or T	(Street and Nu own, Stata)	mber or Run	al Route Numbar,
To the Hospital or Att within 24 hours after of To the Funeral Direct completaly filled in by	edical	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Example	niner: On the bi	best of my kno asis of axamina nar statad.	wledge, daat tion and/or In	h occurred at wastigation, in	tha tima my opir	, data and pla nion, daath oc	ce, and dua to th curred et tha time	a cause(s) and i, data end pled	manner as s e, and dua t	stated. o tha ceusa(s)
within To th	ž	29b. Signetura end title of certifier				29c. L	icense	number	11.	29d. Date sig		
		\$ 5-41.7	2	. 40		4	023	130		07	1-04	-96
		30. Nama and address of person who		sa of death (Item	1 23a) (Type,	Print)	Fre	lerick	- RO AZ	213, 6	theer k	bury. 402-577
		31 Date filed (Month Day Year)	20 0	dietror's Signa		-						

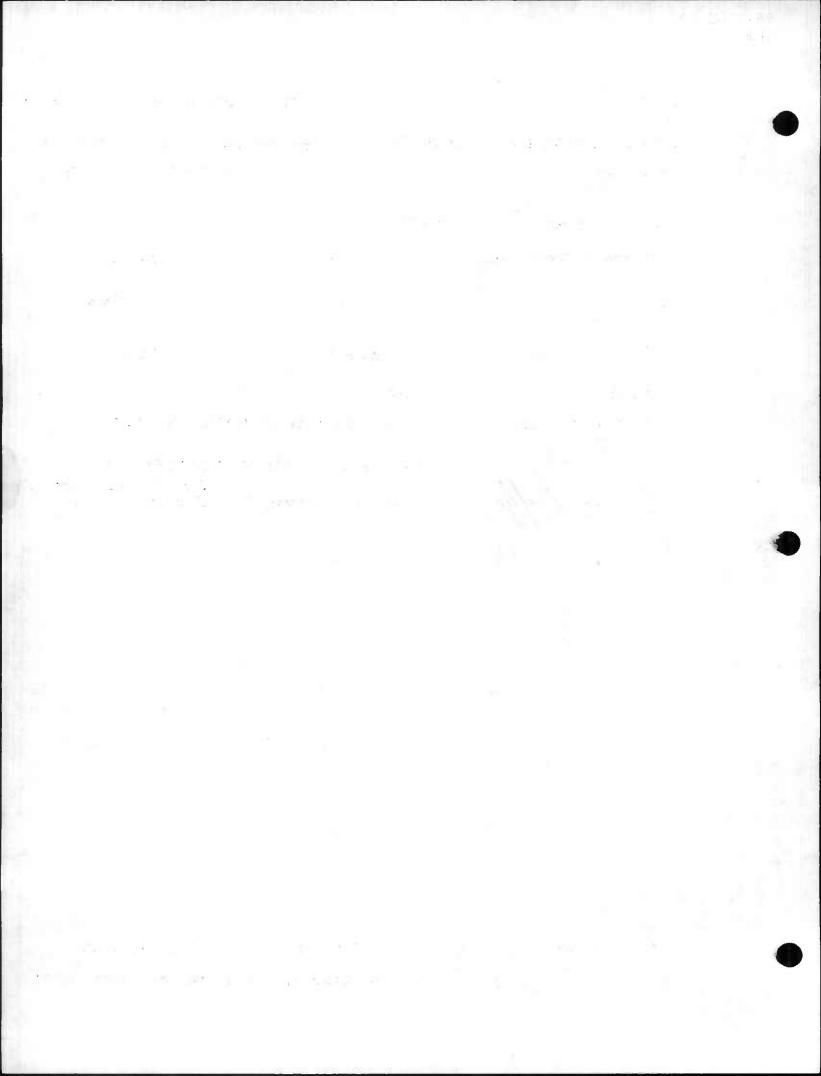
Registrar



State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

-	ı	I. Decedent's Nem	e (First, Middle, L	.ast)			imouto	0,	Doutin	2. Date	Heg.	No.		3. Time of Deeth
sician	ı	OLEDA						JEN	KINS	JUL		P996	5 Yeer	06:45 A
edical miner		a. Fecility Name (/	If not institution, g	ive street end nur	mber)				4b. City, Town	n, or Location of	Deeth	4c. Count	ty of Deeth	
		5151 A	LLENTOW	IN ROAD	RAMA	DA IN	N		Camp 9	Springs		PRIN	ICE (GEORGES
ral	5	. Sociel Security N		Sex 1 □ M 2X F	7. Age (In yrs.		If Under 1 Months	Year Deys	If Under 24	4 Hrs. 8 Date	of Birth		7	oplece (State or Foreign
or	-	259-54-9 Isual Residence of		ILIM ZAGF	78	Yrs.		00,0		May	h. Day. Y	918	000	GA
	_	0a. Stete	10b. County		10c. Ci	ty, Town or Lo	cation							10d. Inside City Limits
ral Director		GA	Laure	ne		Dublin								1 ☐ Yes 2 ☐ X o
Director	1	0e. Street end Nur		115		DWIIII	10f. Zip C	ode			10g.	Citizen of	Whet Cou	untry?
		820 Br	ewton Lo	vett Roa	ad			310	021			U.	S.A.	
Funeral	1	1. Marital Status		12. Wes Dece	dent Ever in U	I,S. 13. V	Ves Decede	nt of H	lispenic Origin	n? (Specify Yes Puerto Rican, etc	or No-		ca - Amer	ican Indien,
þ		1 Never Merri	ed 2 Married 4 Divorcad		2∏ No	1	☐ Yes 2		Specity:		.,		y: Bla	
Completed		/Snec	15. Decedent's E	Education		16e. Deced	ent's Usuel	Occup	etion during most o	of warding	166	. Kind of E	Business/Ir	ndustry
mpie		Elementary/Seco		College (1	-4or 5+)	life. L	OO NOT use	retire	d)	n working				
S	-	5 Fatherto Name	(First Middle 1 -		<u> </u>	<u> </u>	Homen	ake					n Hon	ne
Be		7. Fether's Neme (rirst, Middle, Les	17)					18. Mother's	s Neme (First, M	iddle, Mei	den Sumei	me)	
10	-	Cebi 9e. Informent's Ne		(Time Chint)			niel	07 .		Ida				
			Jenkins							or Rural Route A				p Code)
	2	0a. Method of Disp		o, or .	20b. F	Plece of Dispos	sition (Neme	of		Date	-		-	Town, Stete
			☐ Cremation 3 [Removel from S	stete	cametery, crem								
once	1	1. Signature Jul Fu	- 1		Mi	ssion (ss of Fecility	ly 11, 1				
		1/		11.11.						-				k. Ferry Ro
	1 1	23g Part Enter th	ne dispase, of con	nelications that ca	aused the deet	h. Do not ente	er the mode	era of dvlr	all Home	Inc.	CILII	nton,	MD 2	20 / 35 Approximete
ai Examiner	SH CO	Sequentially list cor eny, leeding to Im ause. Enter Under Seuse (Diseese or I net initiated events	nditions, mediate rlyIng Injury	b	Due to (o	er es e consequ	uence of):							
an/Medical	10	net Initieted events esulting In deeth) L	est	d	Due to (o	r es e consequ	ienca of):							111 8
	L			0										
Physici	P	ert II. Other signific	cant conditions	contributing to dea	eth but not res	ulting In the un	derlying cau	se giv	en in Pert I.	23b.	_			to the cause of death?
by P	-									142	1 🗌 Yes	2 No	3 □ Pro	obably 4/2 Unknow
Completed	_									24e.	Wes an ec performed	utopsy ?	6/	Vere eutopsy findings veileble prior to completion of cause if deeth?
E											1 □ Yes	2 N o		☐ Yes 2☐ No
Be	2	5. Wes case referre	ed to medical						28. Plece of	Deeth (Check of				2 100 22 10
To		exeminer?	No	Hospital: 1 ☐ In	patient 2	ER/Outpetient	3□ DOA	Oth	or.	ing Home 5		6 DOIN	ner (Speci	fy)
Certification:	27	7. Menner of Deeth 1 Naturel 2 Accident	5 Pending investigation	28a. Dete of (Month	f Injury), Dey Year)	28b. Time of Injury	28c	Injun Worl	/ et k? Yes 2 □ No	28d. Desc	ribe how in	njury occur	rred	
ertific		3 ☐ Sulcide 4 ☐ Homicide	6 Could not be determined	28e. Placa o building	of Injury - At ho g, etc. (Specify	ome, ferm, stre	et, factory, o	ffica	12.0		on (Street r Town, St		ber or Run	rel Route Number,
edical C	2	Pa. Certifier (Check only one)	1 Certifying Pt 2 Medicat Exam	nysician: To the basend menne	sis of examinet	wledge, deeth tion end/or Inve	occurred et estigetion, in	the tim	ne, dete end p pinion, deeth o	pleca, end due to occurred et the ti	the ceuse me, date	e(s) end mo	enner es s	iteted. o the cause(s)
M	29	b. Signeture end t	itle of certifier				29c. L	icense	number		29d.	Dete signe	d (Month,	Dey, Year)
	000	Non	uld .	Wrigh	+MD			C.	М.Е.		JU	LY 7	, 19	996
		Neme end addre	G. WR	IGHT M.	D,	111 P	enn S	str	eet,	Baltim	ore,	Mar	ylar	nd 21201
tate trar	31	. Dete filed (Month	JUL 0 9	1996 ^{32. Re}	glatedra Signal	india- R	ardall							
AT CAL														



State of Maryland / Department of Health and Mental Hygiene 9 6 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth July July **Physician** 1996 Robert Ellsworth Johnston, Jr. 7:15 A:M /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Physicians Memorial Hospital LaPlata Charles Hours Min. 8. Dete of Birth (Month, Dey, Year) If Under 1 Yeer 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplece (State or Foreign **Funeral** 1**X** M 2□ F Months Deys 114-09-2005 80 Director December 6, 1915 New York Usuel Residence of Decedent deeth with the Maryland 10a. Stete 10b. County 10c, City, Town or Location r than "natural", or items 23s or 28s-f show the Wedical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 (XNo Directo Maryland Charles Waldorf 10e. Street end Numbe 10f. ZIp Code 10g. Citizen of Whet Country? 5779 Springfish Road 20603 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces?

17 Yes 2 No If Yes, Give 1042 A Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. Peges 1 and 2 should be filed within 72 hours after and of Health and Mentel Hygiene.
Int: If Item 27 is marked other than "natural", or ite 1 Never Merried 2 Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White P Year or Detes: 1943-46 3 V Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Corrections Officer Law Enforcement 7 is marked other traumatic event, t 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Robert Ellsworth Johnston Mary Keenan 2 19e. Informent's Name/Reletionship (Type, Pnint) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) : If Item 27 | Robert E. Johnston, III/Son 5779 Springfish Place, Waldorf, MD 20603 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 Cremetion 3 ☐ Removel from State permit. Pege Department of Important: If any injury or once. 4 Donetlon 5 Other (Specify) Huntt Crematory July 8, 1996 Waldorf, MD 21-Signature of Futietal Service Licensee 22. Name end Address of Fecility The Huntt Funeral Home, Inc. 23a. Pert1-Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest,

August 156, Waldorf, Maryland 20604

Shock, or heart feiture. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** Immediete Ceuse (Finel diseese or condition resulting in deeth) New MUNIA /Medical WECK Examiner Examiner physician end s the burief-trensit requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): P.O. Box 68760, Physician/Medicai Due to (or es e consequence of) ettending p signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably Winknown à PHERAL VASCULAR XT86AGG Completed 24b. Were eutopsy findings eveileble prior to 24e. Wes en eutopsy performed? peed completion of cause of deeth? page 2 certificate hes 30 No 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital Attending Physician: director, Be 25. Wes case referred to medicel examiner? 28. Piece of Deeth (Check only one) 1 Yes 2 XNo Hospital: 1 Anpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) P this Date of Injury (Month, Dey Year) 27, Menner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred After t Certification: Neturel 2 Accident A Hospital or Attention 24 hours eiter deeth. 5 Pending investigation Injury 2 No 1 Yes 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours of To the Funeral Completely filled 29a. Certifie Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. Medical 2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Dr-44436 30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Ashvinkumar Patel MD 603 Post Office Rd. Suite #207 Waldorf, Md. 20602

32. Registrer's Signeture

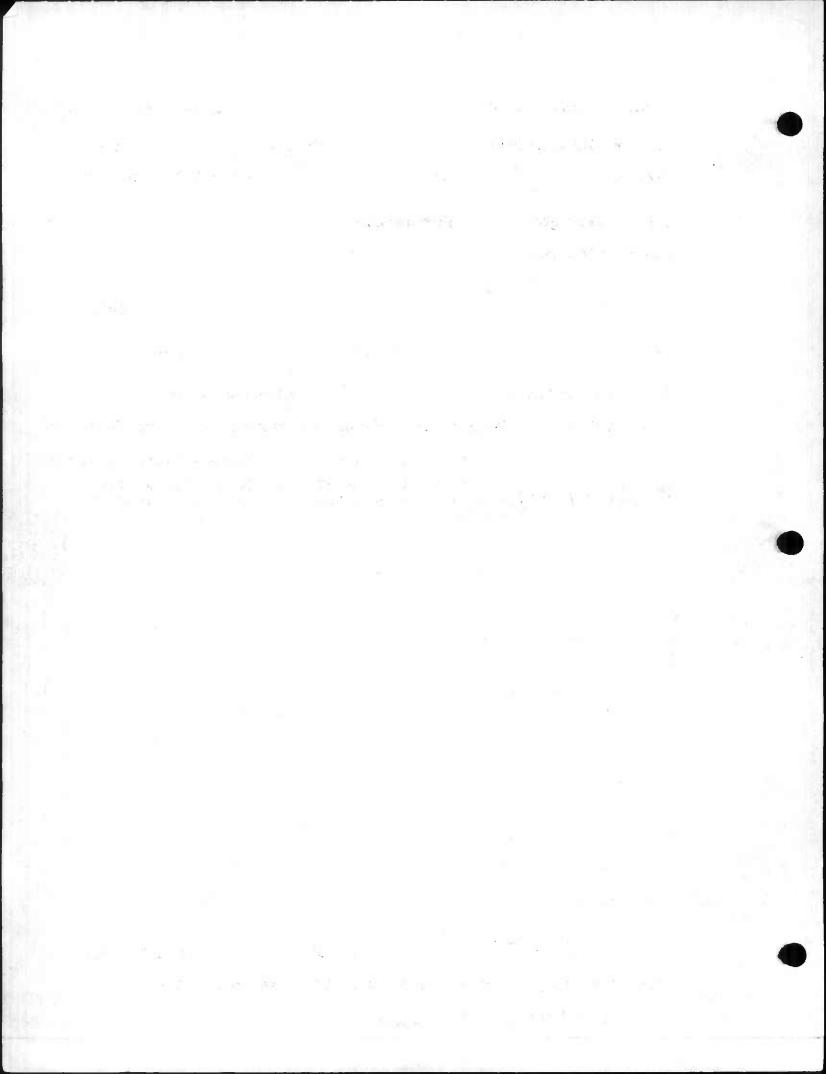
State Registrar 31. Dete filed (Month, Dey, Year)

JUL1 0 1996

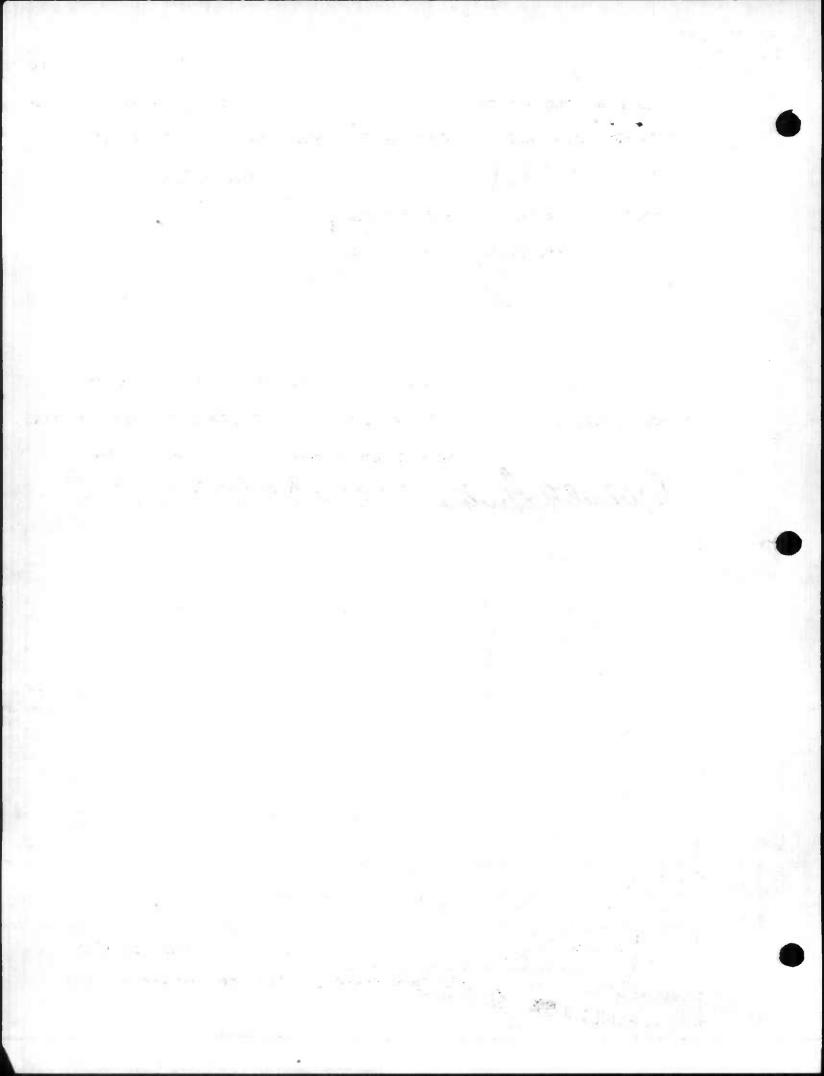
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

21584

100						Certificate o	f Death	F	Reg. No.		21007
p	hysic	ian	1. Decadent's Name (First, Middle, La	•				2. Date of Dea Month	th Dey	Yaar	3. Time of Deeth
	/Medi		Ethel Elizab		N				08, 199		3:03 pm
) E	xamiı	ner	4e. Fecility Neme (If not institution, giv	e straat and number)			4b. City, Town, o	or Location of Death	4c. County	of Death	
Fu	ıneral		Ravenwood Luthe 5. Social Security Number 6. S	Sex 7. Aga	(In yrs. last bi	rthday) If Undar 1 Yas Months Day		rs. 8. Deta of Birth in. (Month, Day	Wash	ningt 9. Birthp	On place (Stata or Foreign
_	ector		Usuel Rasidance of Dacedent	□M 2√F	93	Yrs.	s riouis in	May 5,	1903	Maryl	and
arylar .	show ad at	3	10a. Stete 10b. County		10c. City, Tov	n or Locetion				1	0d. Inside City Limits
δ.	Page 1	cto	Maryland Washing	gton	Maug	ansville					1 ☐ Yes 2 ☒ No
ith with t	23a or 2	Funeral Director	18017 Showalter	Road		10f. Zip Code 2176		1	USA	Whet Cour	itry?
d 2 should be filed within 72 hours effer death with the Maryland th and Mental Hygiene.	ruan "naturel", or frems 23a or 28a-1 shov The Medical Examiner must be notified at	by	11. Marital Status 1 □ Naver Married 2 □ Marrled 3 □ Widowed 4 □ Divorced	12. Was Decedant Ev Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Give Year or Dates:		13. Was Decedant of It Yes, specify Cu		(Specify Yas or No- erto Rican, etc.)		e - Amaric ck, White, v: Whi	etc.
72 h	Date of the second	Completed	15. Decedent's Ed (Specify only highest gra		16e	Decadent's Usuel Occ	upetion	vorkina	16b. Kind ot Bi		
liled within Hygiene.	E No	jd w	Elementery/Secondery (0-12)	College (1-4or 5+		(Give kind of work don life. DO NOT use reti	red)	ioning .	**		
filed within Hygiene.	vent,		12 17. Fether's Neme (First, Middle, Last)			Homemaker			Home		
Suld be Mental	9	Be	17. Cottlor's Notific (First, Milotile, Last)					ame (First, Middle, i		10)	
should nd Men	traumetic e	2	John McPherson 19e. Informent's Name/Reletionship (1)		101	Marine Address (Otto	Mary Ro	sella Was	shler		
and 2 sho	tract					o. Meiling Address (Stre					
1 end Heelth	other		Patricia M. Bra 20e. Method of Disposition	inch Daught	20b. Place of	8017 Showal Disposition (Nama of			20c. Location -		
permit. Pages 1 er	jury or		1 Surial 2 Cremetion 3 4 Donation 5 Other (Specify)		ry, crematory or other p Iill Cemeter	•				Maryland
Depe	Depe Impo		21. Signature of Funeral Service Lican	Menne.	-2	Gerald N. Funeral Ho		305 N. Hagerst			
Physi	nysician Medical		23a. Part1. Enter tha diseasa, or comp shock, or heert tellure. List only	plications that caused the cone ceuse on each line	ne deeth. Do						Approximete Intervel Between Onset end Deeth
	Pnysician /Medical Examiner		Immediate Cause (Final disease or condition	CARDIAC	ARREST					1	INSTANT
Exam	mer		resulting in death)	e. De	ue to (or es e	consequenca ot):				-	INDIANI
8	Sit	ine		HYPERKAL	LEMIA					i	2 WEEKS
intificete be executed	for use as the buriel-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	DEHYDRAT		consequenca of):					2 WEEKS
ficete be ex	the	Medical	thet initiated events resulting in death) Lest	Du Du	e to (or es e	consequence of):					Z WEEKS
entific	98			PNEUMONI	A						2 WEEKS
death cert	or us	lan		d							Z WELKS
0 0	ped	Physician/	Part II. Other algnificent conditions co	intributing to death but	not resulting in	the underlying ceuse g	iven in Pert I.	23b. Dld to	bacco use cor	ntribute to	the cause of death?
as that the de	be deteched for us	by Ph	CEREBRAL ATI	ROPHY				1 🗆 Y	•	3 □ Prob	eably 4 Unknow
or Attending Physician: The law requires thet the after death. Director: After this certificate has been signed by the	e 2 should l	Completed						24e. Wes e perform		ava	ere eutopsy tindings allebla prior to appletion of ceuse death?
The	page.	Co						1□ Ye	s 20 No	1□	Yes 20 No
Ician	ector	Be	25. Wes case reterred to medical exeminer?	Hospital				eeth (Check only on	e)		
Phys	al dir	2	1 Yes 2 No 27. Menger of Deeth	Hospitel: 1 Inpatient		tpatient 3LI DOA		Home 5 Reside)
Attending Physician: or death.	the fune	catlon	1 Meturel 5 ☐ Pending 2 ☐ Accident Investigation	28e. Dete of Injury (Month, Day Y	(ear) 28b.	Time ot plury Market Ma	ury at ork? ☐Yes 2☐No	28d. Describe ho	w Injury occurr	ed	
tal or Att	ed in by	Certification:	3 Suicide 6 Could not be determined	28e. Placa of Injury building, atc. (- At home, ta Specify)	rm, street, tectory, office		28t. Location (St. City or Town	reet and Numb o, State)	er or Rural	Route Number,
To the Hospital of within 24 hours a To the Funerei D	completely filled in by the funeral director,	edical	29a. Certifier (Check only one) 1 Certifying Phy	sician: To the best of miner: On the basis of execution manner stete	camination en	, deeth occurred et the t d/or investigetion, in my	ime, dete end pled opinion, deeth occ	ea, and due to the ca curred et the time, de	use(s) end me ete and placa, s	nner es ste and due to	eted. tha ceuse(s)
To the To the	com		29b. Signeture and title of certifiar	/		29c. Licer	isa number	29	9d. Data signed	(Month, E	Day, Year)
			Edunto	19			857		JULY (9, 1	996
			30. Name and address of person who d				II A OPPOSE	77	017/2		
	Stat	0	EDSON MOODY, MD 31. Dete tiled (Month, Day, Year)	32. Registrer's		ETNA RD.,	HAGERSTO	WN, MD.	21740		
Re	Stat gistra		JUL 1 1			0					
UNU 16 D			00111	ind frame	U RUCE HOP	Klonkell				.,,	



CIP			: 23 PART I, 27, PER ME		ryland / L	Certificate of			Reg. No.	96	21585
	Physic /Medi		Decederit's Name (First, Middle, La BREAUN DARNEL:	L JEFFERY				2. Date of De Month JULY		9 ^{Year}	3. Time of Death $10:55PM$
	Exami		4a. Facility Name (If Not Institution, glv PATUXENT NAVA)		TION I	HOSPITAL	4b. City, Town, or PATUXEN			y of Deeth MARY	'S
	Funeral Director		213-47-9352	Sex 7. Age ▼ M 2□ F	(In yrs. last bir	thday) If Under 1 Year Months Days 5 2				9. Birthple Country Ohio	ace (State or Foreign ry)
P C C C C C C C C C C C C C C C C C C C	MO W		Usual Residence of Decedent 10a. State 10b. County		10c. City, Tow	n or Location				10	d. Inside City Limits
N	le-fall	ctor	Maryland St. Mar	ry's	Lexin	gton Park					1 ☐ Yes 2 🖾 No
ŧ	De no	Director	10e. Street and Number	ob Maledije II	T D	10f. Zip Code			10g. Citizen of		ry?
a the	23	Funeral	Lot #2 Lord Calve:	12. Was Decedent Ev			Historia (Calada / C	Inneify Van as Na	U.S.	A. ce - America	an Indian
d 21215-0020 filed within 72 hours after death with the Mandand	"natural", or items 23a or 28a-f show led cal Examinar must be nottred at	by	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yes 24 No If Yes, Give Year or Dates:		13. Was Decedent of If Yes, specify Cub		to Rican, etc.)	Bla Specif	ick, White, e	itc.
5-0 72 h	dical.	eted	15. Decedent's Ed (Specify only highest gra	ducetion de completed)	16a.	Decedent's Usual Occu (Give kind of work done life. DO NOT use retire	pation during most of wo	rking	16b. Kind of B	uslness/Indu	ustry
12. 12.	than	Completed	Elementary/Secondary (0-12)	College (1-4or 5+))		nd)				
P B	ntal Hygiane. Id other than evant, tre M	Be Co	17. Father's Name (First, Middle, Last)			N/A	18. Mother's Ner	ne (First, Middle,		ne)	
arylan	nd Mental Hygiane. marked other than imatic evant, the M	To B	Andrew		Jeffr	ey	Tandra	Yol.	anda	Maddo	XC
ž š	of the state of th		19a. Informant's Name/Reletionship (Tandra Y. Jeffrey	Type, Print)		Malling Address (Street #2, Lord					
Baltimore,			20a. Method of Disposition 1 → Burlal 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Specify		cemeter	Disposition (Name of y, cremetory or other pla d Heart Cem		Date	20c. Location		
Pi I E	nysiclan 'Medical xaminer	Examiner	Immediate Cause (Final disease or condition resulting in death)	a. SUDDEN IN	FANT DEA	Mattingley P.O. Box 2 not enter the mode of dyl TH SYNDROME (Standard Consequence of): consequence of):	70 , Leona ng, such es cardia	ardtown.	Maryla	nd 20	0650 Approximate Intervel Between Onset and Death
Box 68760, death certificate be axecuted	attanding physician and for use as tha buriel-transit	Physician/Medical Ex	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet Initiated events resulting In death) Last	c		onsequence of):					
	0 0	sicia	Pert II. Other significent conditions co	ontributing to death but	not resulting in	the underlying ceuse gi	ven in Part I.	23b. Dld 1	tobacco uee co	ntribute to t	the cause of death?
م ي	igned by the a							10	Yes 2 No	3 Probe	ably 4 Unknown
Hecords, P.O	peen s	Completed by							an autopsy med?	com	e autopsy findings leble prior to pletion of ceuse eath?
r e	pege pege	Con						101	res 2 No	10	Yes 2□ No
OT VITAL	s certificate director, peg	Be	25. Was cese referred to medicel examiner?	Hospital:		011		th (Check only o	ne)		
Phys of	Ø 10	5	1 XYes 2 No 27. Manner of Deeth	1 ☐ Inpatient 28e. Date of Injury	2 (XER/Out	bettetit 3F DOV		ome 5 Resid			
OIVISION or Attanding	ector: After thi by the funeral	Certification:	1 Matural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day Y	(ear) Ir	yjury Wo	rk? Yes 2 □ No	- W	now Injury occur		
No lo	Direct of in by	ertii	4 ☐ HomicIde determined	building, etc. (Specify)	m, street, factory, office		City or Tow	Street and Numb vn, State)	er or Hurai i	Houte Number,
Hospita	within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical C	29a. Certifier (Check only one) 1 ☐ Certifying Phy 2 ☐ Medical Exam	reician: To the best of n iner: On the besis of ex and manner state	camination end	death occurred at the tir Vor Investigation, In my o	ne, date and place pinion, death occu	, and due to the orred et the time, o	cause(s) and me date and place,	end due to t	ted. he cause(s)
Toth	To the	M	29b. Signature and title of certifier)		29c. Licens	se number		29d. Date signe	d (Month, Di	ay, Year)
			· Mas	Xyan_		0.0	C.M.E.		JULY 1	3, 19	996
			30. Name and address of person when the	ompleted ceuse of deel	th (Item 23a) (1	Type, Print) nn Street	, Balti	more,	Maryla	nd 2:	1201
	Sta Registr		31. Dete filed (Month, Day, Yeer)	32 Jedistrat	Bingshad V						
			JULY								



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death

Physici /Medic Examin

Funeral Director

ALCARD JAMET RLIZHBETH

Physician /Medical **Examiner**

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.
To the Funeral Director: After this certificate has been signed by the attending physician and completaly filled in by the funeral director, page 2 should be detached for use as the burish-transit

Division of Vital Records, P.O. Box 68760,

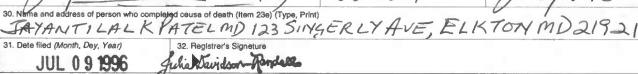
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an all er	1. Decedent's Neme (First, Middle Janet	E. Jacca	2. Dete of Do	Dey	199 b	3. Time of Deeth							
	4e. Fecility Neme (If not institution,	give street end no	umber)				4b. City, To	wn, or Lo	ocation of Deel	th 4c. Count	y of Death		
		Union Hospital Elkton											
	5. Sociel Security Number 211-20-6372 Usual Residence of Decedent	6. Sex 1 ☐ M 2 ☐ ₹F	7. Age (in yrs. 67	lest birthdey) Yrs.	Months Devs Hours Min				8. Dete of Bi (Month, Di July 5	ey, Year)	9. Birthpiece (State or Foreig Country) Pennsylvania		
	10a. Stete 10b. County		10c. Git	ty, Town or Lo	ocation						10	d. inside City Limit	
	MD Cecil		1 5 Yes 2										
Olrec	10e. Street and Number		011	esapea	10f. Zip	_				10g. Citizen of	Whet Count	ry?	
<u></u>	23 Front St.				21	915	5			USA			
Be Completed by Funeral Director	11. Maritei Stetus		edent Ever in U	,S. 13.	Was Deced	dent of	Hispenic Orl	gln? (Sp	ecify Yes or N	o- 14. Re	4. Rece - American Indien,		
	1 Never Merried 2 ★Merrie 3 Widowed 4 Divorced	Armed F ed 1 Tes If Yes, G Year or I	25tNo		1 ☐ Yes		ben, Mexicar Specify:		Ricen, etc.) Bleck, White, etc. Specify: White				
g	15. Decedent			16e. Dece	dent's Usue	el Occi	upetlon			16b. Kind of E	Business/Ind	ustry	
mple	(Specify only highest	1) (1-4or 5+)				e during mos ed)	t of work	king				
ပိ	12			Ноп	nemake	er	40.14.11		4000 4 4 4 4 4	Home			
To Be	17. Fether's Neme (First, Middle, L Wade Barron	ast)							e (First, Middle Metz	a, Maiden Sumei	me)		
-	19e. Informant's Neme/Reletionsh	Ip (Type, Print)		19b. Melli	na Address	(Stree	et and Numbe	er or Run	al Route Numb	er, City or Town	. State. Zip	Code)	
												,	
	Robert E. Jacca	ira	20h F				Chesa	apea		MD 219		um Chata	
	20e. Method of Disposition 1 Burial 2 Cremetion 3 Remove from Stete 4 Donetion 5 Other (Specify) 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) R A Ferris July 10 1996 West Chest												
	23a. Peri 1. Enter the disaesa, or o shock, or heert feilure. List o	nly ona ceuse on	eech line.	h. Do not en	18 Ger ter the mod	org le of dy	e St. ring, such es	Ches	Home, appeake or respiretory of	City MI		Approximete intervel Between Onset and Deeth	
	disease or condition resulting in death) Due to (or es a consequence of):											bdays	
nlner		6. Se	izure	2 Pos	st-Ce	re	mora	Scu	lar f	ecide	nt :	5 days	
Exa	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying	Cra	O Due to (c	or es e consec	quence of):		726	2 . 4	0			12 year	
ca	Cause (Disease or Injury thet initieted events	c/	Due io (o	as e consec	juence of):	7	0150	23				-	
an/Medical Examiner	Due to (of as e consequence of): Due to											month	
3	Pert II. Other significant condition	e contributing to a	leath but not res	ulting In the u	nderlying o	ALISA A	iven in Pert i		23h Did	tobacco use co	ontribute to	the cause of death	
Phys	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use of the pert I. 1 Yes 2 13 Mo											ably 4 Unknow	
Be Completed by Physical		0								an autopsy omed?	eve	ra autopsy findings ileble prior to apletion of cause eath?	
Com		Yes 2010											
30	25. Wes case referred to medical						26. Plece	of Deet	h (Check only	one)			
0	examiner?	Hospitel:	Inpatient 2	ER/Outpatier	nt 3 DC	DA O	ther: 4 Nu	ırsına Ho	me 5□Res	idence 6 Ott	her (Specify)	
-	27. Menner of Deeth									how Injury occu			
atlor	1 Accident 5 Pending		28e. Dete of Injury (Month, Dey Year) 28b. Time of injury 28c. Injury et Work? 1 □ Yes 2 □										
al Certification:	3 Suicide 6 Could not determine	ot be 28e. Piec								(Street end Num wn, Stete)	ber or Rurai	Route Number,	
<u>a</u>	29e. Cartifiar 1 Certifying	Phyelcian: To the	best of my kno	wiedga, deetl	n occurred :	at tha t	ima, data an	d plece.	end due to the	ceuse(s) end m	annar es sta	nted.	
(2)	Charleson of at a		Charles La Commission of the							The second secon			

A22307

29d. Dete signed (Month, Dey, Year)

State Registrar 31. Dete filed (Month, Dey, Year) JUL 0 9 1996

29b. Signeture end title of certifier



A Committee of the Comm AMED TO

BALTIMORE, MARYLAND 21215-0020

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1 - FOR STATE REGISTRAR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

		_				. 07 (11		ULA			EG. NU.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DIMONTH										DEATH DAY YEAR			3. TIME OF DEATH	
	MARY		RITA	RITA JAMES							JULY 5,			2:30 PM	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	DAYS	IF UNDER	R 24 HRS.	7. DATE OF E (Month, De	BIRTH W. March		8. BIRTH Countr	IPLACE (State or Foreign	
	182-26-81	35	1 ☐ M 2 🄀 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	MAY 9		36			
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWH (OR LOCATI	ON OF OR				ITY OF D		
OR	20211 BEN	T WILL	LOW ROAD				RO	HREE	RSVII	LE			WASH	INGTON	
DIRECTOR		RESIDENCE OF DECEDENT												11101011	
R	10a. STATE	10b. COUNT	y VASHINGTO		10c, CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?	
	MARYLAND		ROHRERSVI								1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE						YHAT COUNTRY?				
쁘	20211 BEN	T WILL	LOW ROAD	21					779			U.S	.A.		
ا جَ	11. MARITAL STATUS	T EVER IN U.S.		13.	WAS DEC	ENDENT	OF HISPAN	IC ORIGIN? (S	IC ORIGIN? (Specify Yea or No-			14. RACE — American Indian, Bisck, Whita, atc.			
ΒY	1 Never Married 2 🔀		AR OR DATES	3110				Specify		, Puerto Rican, atc.)			fly:		
	WHIT												WHITE		
	15. OEC (Specify only	EDENT'S EDU highest grade	CATION completed)		Give kind of	work done			ng	16b, KIN	D OF BUS	RINESS/IND	USTRY		
וב	Elementery/Secondary (0	l-12)	College (1-4 or 5	-)	ille. Do NOT u			250							
COMPLETED	17. FATHER'S NAME (First, M				_	HOMEMAKER					OWN HOME				
	JOHN GIAF							18. MOT		ME (First, Middl		Surname)			
ᆱ			<u>E</u>							DESAN					
임	190. INFORMANT'S NAME (7) EMANUEL P		C							Route Number, C					
	20g, METHOD OF DISPOSIT		5						ROA	D, ROH					
	1 🔀 Burial 2 🗌 Crematic	n 3 X Ram	ovat from State	cemetery,	cremetory or o	ther place)			_	DATE			-	ly or Town, Stata	
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		ENGEE	- IST P	ETER					/9/96	SPR	RINGFIELD, PA.			
-	11	AA		-1 1/1 5					SS OF FAC		7606	old	Nat	ional Pike	
	1 aux M	1-68	an Pai	al M. D	ean	B	AST'	F'UNE	RAL I	HC)ME:					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.														
	ahock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel											Onset and Death			
disease or condition and are all the second and are all the second and are all the second												minita			
	DUE TO (OR AS A CONSEQUENCE OF):												711111111111111111111111111111111111111		
z													nunter		
ERTIFICATION	if any, leading to imme	dieta	DUE TO	(OR AS A CONS	NSEQUENCE OF)									1.101110	
2	Cause. Enter UNDERLYi CAUSE (Disease or Inju		с	NR46	RUGAOSYEVOSYS									YEUK	
≝	thet initieted eventa		DUE TO	-	R AS A CONSEQUENCE OF):							10000			
ER	resulting in death) LAST DIABOTES Milliture												years		
CC	PART ii. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
S	END	TACE	/)	1)110	BOC.	1G					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
EDÍ			110000	1111	W C						YES 2	NO		OF DEATH?	
Σ	DID TORACCO II	CE CONIT	DIBLITE TO CA	UCE OF DE				1		_/			1	1 TES 2 NO	
A N	DID TOBACCO U 25. WAS CASE REFERRED TO		KIBUIE IO CA		ACE OF DEA	_		UNC	ERTAIN	10					
PHYSICIAN:	EXAMINER?	J MEDICAL	HOSPITAL:			OTHE	R:								
ξĺ	27. MANNER OF DEATH		1 Inpatient 2 28e. DATE OF		26b. TIM		alng Hom 28c. INJ		aldence	6 Other (Sp 28d, DESCRIE		LILIDY OCC	WALCO.		
		Pending	(Month, D		IN.	JURY M	WO	RK?	¬ NO	200. DESCHIE	DE HOW IN	IJUNT OCC	ONED		
B	2 Sudalda —	investigation	28a. PLACE O	F INJURY — At	home, ferm	street taci				281. LOCATIO	M /Ctreat a	ad Mumbas	as Burni F	Pourto Alumbau	
		Could not be determined	building,	etc. (Specify)	,		.01, 01110			City or To		nu numper	or numer n	nodie Namber,	
	29e. CERTIFIER														
COMPLE			CIAN: To the beat of												
양세	-			camination and/o	or investigation	on, in my c	pinion, d	eath occur	red at the	time, data and	place, and	dua to the	cause(a) and manner as stated.	
96	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)														
0	m	IK.F.	nu ,	Mille				Do	243	42		> /	16/	46	
	0 —	PERSON WH	O COMPLETED CAUS	AUSE OF DEATH (ITEM 27) (Type, Print)											
}	201 Thomas	Veni	HEN VIEW	2 1-11	-011GN	ICK	N	17	21	102	DR.	MAR	K P.	RUBIN	
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATURE	0										
		181	DI James	A PROPERTY.	Mariell										

Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Dev 3, Theresa THRESA JOHNSON 1996 July 7:31 am /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Memorial Hospital & Medical Center Allegany Cumberland | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | Oct 12, 1 5. Sociei Security Number Birthplece (State or Foreign Country)
 WV 6. Sex 7. Age (In yrs. lest birthdey) **Funeral** 1□M 2K)F Yrs Director 203-28-3618 Usual Residence of Decedent the Maryland r 28a-f show 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1) Yes 2□No Director Piedmont Mineral 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? 7 is marked other than "naturel", or items 23s or traumatic event, the Medical Examiner nast be s 51 Jones Street USA Funeral 26750 12. Wes Decedent Ever In U,S. Armed Forces? 14. Rece - American Indien, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) permit. Peges 1 and 2 should be filed within 72 hours effer to Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "naturel", or itan any injury or other traument. 1 Never Married 2 Married 1 ☐ Yes 2X No If Yes, Give Yeer or Detes: Black Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify by 3 ☑ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) School 12 Teacher 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Douglas I. Twyman Sarah Jane (Brown) 19e. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 51 Jones Street; Piedmont, WV Lilly McCray 20b. Plece of Disposition (Name of cametery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removel from State Potomac Memorial Gardens 07/06 4 ☐ Donation 5 ☐ Other (Specify) 22. Neme end Address of Fecility Fredlock Funeral Home Piedmont, WV 26750 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Betw Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Ten Days Sepsis Examiner Due to (or es e consequence of): 3 Weeks Bilateral leg Ulcers (Necrotic) physician and s tha buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): P.O. Box 68760, The law requires that the deeth certificate be Physician/Medical Due to (or es a consequence of): 98 ettending for use es Pert II. Other afgniticant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? à 1 Yes 2 No 3 Probably 4 Unknown signed t Chronic Renal Failure, Hypertension, Subclavian Venous Records, þ 24b. Were autopsy findings evaileble prior to completion of cause of death? Thrombosis. 24e. Wes en eutopsy performed? Completed peen has page 2 cartificata 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: "within 24 hours after death.

To the Funerel Director: After this cartification of the funeral director, to the funeral director, the funeral director is the funeral director. Be 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 ☐ Yes 2 No 1. Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending Investigation 1 Neturei 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause(s) and menner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. Medical 29e. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D 19318 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) Dr. Ranjithan- 517 Oldtown Road- Cumberland, MD 21502 Hegistyar's Signeture 31. Dete filed (Month, Day, Yeer) State JUL 09 Registrar

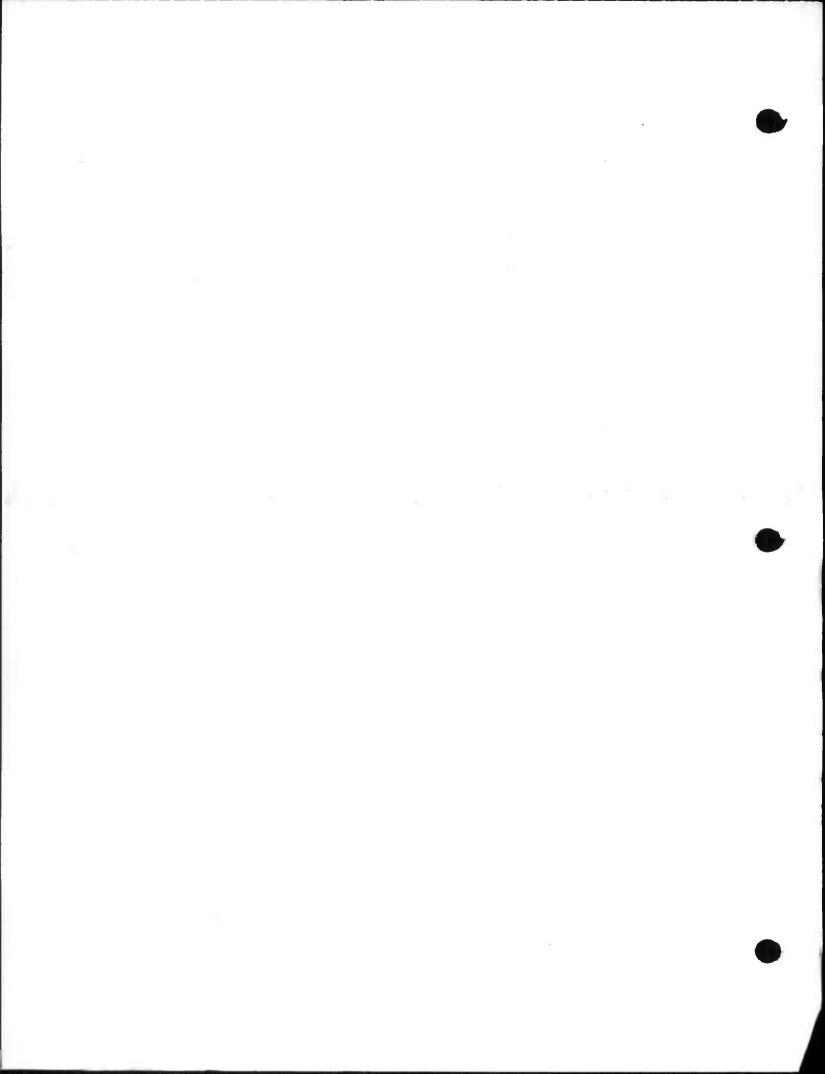
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

98 W. COLLEGE AVENUE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify: 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Maxican, Puarto Rican, etc.) 11. YES 2 NO Specify: 14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. MCDHER'S NAME (First, Middle, Last) 16. MCTHER'S NAME (First, Middle, Maiden St. THOMAS LOVE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, 14: Burlal 2 Cremation 3 Ramoval from Stata 10. PLACE AND DATE OF DISPOSITION (Name of commetry, crematory or other place) 10. PLACE AND DATE OF DISPOSITION (Name of commetry, crematory or other place) 10. NAME (FIRST, Middle, Maiden St. 11. WAS DECENDENT OF HISPANIC ORIGIN? (Specify) 12. NAME AND ADDRESS OF FACILITY 12. NAME AND ADDRESS OF FACILITY	9c. COUNTY OF DEATH ALLEGANY 10d. INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S. 14. RACE — American Indian, Black, White, etc. Specify: WHITE												
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	ROSTBURG, MD 21532												
SOWERS FUNERAL HOME, P.A	•												
60 W. MAIN ST., FROSTBURG													
23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errect, shock, or heart failure. List only one cause on each line.													
IMMEDIATE CAUSE (Fine) disease or condition	Onset and Death												
resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	20years												
Sequentially list conditions (a terripolarica)													
Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING													
CAUSE (Disease or injury CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):													
reculting in deeth) LAST													
PART ii. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FIN													
PERFORM	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE												
	OF DEATH?												
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN													
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIBE TO MEDICAL EXAMINER? 1 YES 2 NO 1 NO NOTHER: 1 YES 2 NO 1 NOTHER: 1 NOTHER: 1 NOTHER: 1 NOTHER: 1 NOTHER: 1 NOTHER: 2 NOTHER: 2 NOTHER: 2 NOTHER: 2 NOTHER: 2 NOTHER: 2 NOTHER: 3 NOTHER: 4 N													
1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 7. MANNER OF DEATH 289. DATE OF INJURY 280. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJ	Univ occuping												
III 1 IZ PRINCIPAL 3 PRINCIPAL	JRY OCCURED												
2 Accident	1 Number or Rurel Route Number,												
4 Homicide distarmined City or Town, State)													
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and placa, and dus to the cause(s) and manner one)													
3 Suicide 4 Homicide 8 Could not be datarmined 8 Could not be datarmined 291. LOCATION (Street and City or Town, State) 292. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner one)	Jua to the cause(s) and manner as stated.												
296. LICENSE NUMBER	Ped. DATE SIGNED (Month, Day, Year)												
P 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	8-7-96												
GEORGE M. BREZA, M.D., 912 SETON DRIVE, CUMBERLAND, MD 21502													
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE													
JUI 11 1996 Jahi Davidson Frances													



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

21590

								Cel	Tillicate	e or	Deatr	1		Reg. No.			
	Physic /Medi		naroro with all kelauver										2. Date of Do Month July	2, 1996	Year	3. Time of Deeth 4:05 P. M.	
J.	Exami		4a. Facility Nama (If not institution, give street and number) 100 Broad St.									own, or L	ocation of Deal		y of Deeth erick		
Ì	Funeral Director	ı	5. Sociel Security 224–60–29	Number 941	6. Sax 1 □ X M 2 □						8. Date of Bi (Month, Di Dec. 6	rth ay, Year)	9. Birthpiece (Stete or Foreign Country) Md.				
	pu s		Usuel Residence	of Dacedeni 10b. County	,		10c. City, To	wen or Lo	cation							and to ide O're I being	
	e Maryle	ctor	Md.		erick				letow	n						10d. Inside City Limits 1 ☐ Yes 2 ☐ No	
	h with th	al Dire	10e. Street and Nu 100	Broad	St.	10f. Zip Code 21769								10g. Citizen of U.S.A		ntry?	
20	s 1 and 2 should be filed within 72 hours after deeth with the Maryland of Health and Mental Hygiene. It has not been 23e or 28e4 show other traumatic event, the Medical Evantines must be notified at	by Funeral Director	11. Marital Status 1 Nevar Mar		ried 1 🗆 \	12. Wes Decedent Ever In U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva 13. Wes Decedent of Hispanic Origin? (Specify If Yas, specify Cuban, Mexican, Puarto Rice If Yas, Giva 1 ☐ Yas 2 ☐ No Specify:							ecify Yes or No Ricen, atc.)	5 14. Re	ack, Whita,	can Indien, atc.	
9-	2 hours	Pe		15. Deceder	nt's Education	reer or Detes: 16e. Decedent's Usual Occupation								16b. Kind of I		ess/Industry	
215	ithin 7.	Completed	(Spe Elementery/Sec	cify only highe	st grade compla	ted) ga (1-4or 5+	-)	(Give life. I	kind of wor DO NOT us	k done e retire	during mos d)	st of work	ing				
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Maryland 21215-0020	ould be filed with Mental Hygiane. arked other than	To Be	17. Father's Neme		Kefauve:	r							e (First, Middle Delaut				
Mar	nd 2 should by lith and Menta 27 is marked r traumatic ev		19e. Intorment's N											er, City or Town		o Code)	
	Health Health tem 27		Elizabet		etauver	(Wile					, Mi	ddTe	town, M		21769 Oc. Location - City or Town, Stata		
TOL	ages ant of t: # ite y or o		1 D Burial 2		3 ☐Removel f	20b. Piece of Disposition (Neme cematery, cremetory or othe					-		7/7				
Baltimore,	parmit. Pages 1 and Department of Health Important: If Item 27 eny Injury or other tr once.		21. Signature of F			see 22. Name and Address of Fecility						ity	7/7 Middleton Tuneral Home			wii, rai.	
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	Physician	or.	shock, or he	art teilure. List	only one cause	on eech line	na geeth, D	o not ant	er the mode	or ayır	ng, such as	cerdiac	or raspiratory i	irrest,		Approximate Interval Between Onset and Death	
2	/Medical		Immediete Ceuse disaasa or conditi								ر د ا						
ı	Examiner		resulting in deeth)	Off	a		Oue to (or es		uence of):								
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	ires that the death signed by the atta d be detached for	Physician	Pert II. Other algni	ificant condition	ons contributing	to death but	not resulting	In the ur	nderlying ce	use giv	en in Pert	l.	23b. Dld	tobacco use c	ontribute t	o the cause of death?	
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of Vital Records,	been shoul	Completed by												en eutopsy ormed?	av	tb. Were autopsy findings available prior to completion of cause of deeth?	
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ita		BeC	25. Wes case refa	rred to medica	I _	26. Plece of Dee											
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Division	or Attendiater death. Director: A	Certification:	3 ☐ Sulcida 4 ☐ Homicida	6 Could determ	ined 286. P	28e. Plece of Injury - At home, term, street, tactory, office building, etc. (Specify)							28f. Location (Street end Number or Rural Route Number, City or Town, Stete)				
	To the Hospital or Attending Ph within 24 hours after cleath. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Certifier (Check only one)	1 Certifyin	ng Phyaician; To Examiner; On the	the best of ne basis of e	examination a	ge, deeth	occurred e restigetion,	t the tir	me, date er pinion, dec	nd placa, eth occur	end due to the red et the time,	cause(s) and m	annar as s	stated. o the cause(s)	
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State of Maryland / Department of Health and Mental Hy

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Division of Vital Records, P.O. Box 68760,

				Certi	ticate of	Death		Reg. No.		
ician	Decedent's Name (First, Mide						2. Date of D Month	Day	Year	3. Time of Death
dical	SAMUEL 4a. Facility Name (If not institution	JOSEPH	1			KIN7	n, or Location of Dea	4, 199		11:20PM
niner	14000 McAFE					CASC			y of Death ASHING	GTON
al	5. Social Sacurity Number		ge (In yrs. last bii		If Undar 1 Year Months Days	If Undar 2 Hours	4 Hrs. R Date of B	inth		ace (Stata or Foraign
	182-44-4425	11XM 2□ F	46	Yrs.	Months Days	Hours	Min. Nov 18	, 1949	Wayne	sboro, PA
	Usual Residence of Decedent 10a. State 10b. Count	y	10c. City, Tow	n or Locat	tion				10	d. tnside City Limits
tor	PA Fran	nklin	Blue R	idoe	Summit					1 ☐ Yas 2 📉 No
Director	10e. Street and Number		DIGC I		10f. Zip Code			10g. Citizan of	What Count	ry?
aiD	Post Office Bo 14838 Wyndham	ox 354 Ave			17214				USA	
Funeral	11. Maritat Status	12. Was Decedant Armed Forces	?	13. Wa	s Decedent of Hes, specify Cubi	lispanic Orlgi an, Maxican,	in? (Specify Yas or N Puerto Ricen, etc.)	lo- 14. Ra Bia	ce - Amarica	
by	1 Never Married 2 Ma 3 Widowed 4 Divorce	If Yes Give		10	Yes 2X No	Spacify:		Speci	T.71-	ite
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Be C	17. Father's Name (First, Middla	, Last)	011	-PP-II	16 00010		's Name (First, Middl			
ToB	Wayne L. Kint					Made:	line M. Bi	erly		
	19a. tnforment's Name/Retation	shlp (Type, Print)					or Rural Routa Num			Coda)
	Candy Forrest					Blue R	idge Summi			17.7
	20e. Method of Disposition 1∑ Burtal 2 ☐ Cramation	3 □Removal from Stata	camata	ry, cramate	on (Nama of ory or othar plac		Date	20c. Location		
	4 Donation 5 Other (Bethe		irch Cen	,	7/10	Cascad	,	
	21. Signature of Funeral Service	2					Grove Fur			ic.
	23a. Part1/Enter the disease, o shock or heart failure. Lis	Dowlersoy	d the death. De				Waynesbor		17268	Approximata
n/Medicai Examiner	Sequentially list conditions, if any, teeding to immediate ceuse. Enter Undarlying Cause (Disease or Injury that initiated events resulting in death) Last	b	Due to (or as a d	consequer	nce of):					
Physician	Part tt. Other significant conditi	ons contributing to death b	out not resulting in	n the unde	rlying cause giv	en in Part I.				the cause of death?
by P								Yes 2 No	3 Proba	ably 4 ☐ Unknown
Completed I								s en eutopsy formed?	avai	e autopsy findings table prior to pletion of ceusa eath?
Com							10	Yes 2□No	(X	Yes 2□ No
Be	25. Was cese referred to medice examiner?					26. Place o	of Death (Check only	ona)		
70	1 XYes 2 □ No	Hospitet 1 Inpetie			3□ DOA Oth	4 LI Nurs	sing Home 5 ☐ Res			
Certification:	27. Manner of Death 1 Naturet 5 Pendin	ng 28a. Date of Inju (Month, De igation 7—4—9		rima of njury	28c. tnjun Worl		10.	how injury occu	red	- 1 A
fica	3 ☐ Suicida 6 ☐ Could	not be One Place of the	urv - At homa, fa			103	- 011	(Street and Num	ber or Rural	1007
Sert	4 Homictde	building, et	c. (Spacify)	TRA	-		M. AFR	wn, State)		
edicai (29a. Certifier 1 Certifyir (Check only ons)	ng Physician: To the best of Examiner: On the basis of and manner sta	examination and	, death oc	curred at the tin ligation, in my o	ne, date and plnion, deeth	place, and due to the occurred at the time	ceuse(s) and m	anner es stai and due to t	ted. he cause(s)
Me	29b. Schature and title of certifie				29c. License	e nu <i>m</i> ber		29d. Date signs	ed (Month, Di	ay, Year)
	MALLE	on be all)		0.	C.M.E	Ε.	JULY	5, 19	996
	30. Name and address of person	who completed cause of d	eath (ttem 23e) (Type, Prin	nt)					
	J-LA/LON U		111 Pei	nn S	treet,	Balt	imore, l	Marylar	nd 21:	201
tate	31. Dete filed (Month, Dey, Yaer)		ar's Signature							
trar	JUL	0 9 1996	ha di Burba	eritan	64					
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State of Maryland / Department of Health and Mental Hygiene

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	D		1. Decedent's Nem	e (First, Middle, Li	ast)								2. Date of D		Da.:	V	3. Time of Death
	Physic			VIOLET	ELIZAB	RETH		KA	ARNS				JULY		Dey 1996	Year	12:35 am
	/Medi Exami		4a. Facility Neme (4	lb. City, To	wn, or L	ocation of Dec			y of Death	12.33 an
	LAUITI		Memoria	1 Hospit	a1						Cumb	orl	and		A 1 ·	legan	37
-	- Francisco		5. Social Security N	-	Sex	7. Age	(In yrs. last bii	thday)	If Under	Year	If Under			lirth			y olece (State or Foreigi
	Funeral Director		220-10-4		1□ M 200F	77.19	93	Yrs.	Months	Days	Hours	Min.	(Month, L	ay, Ye	ar)	Cour	ntry)
			Usual Residence of										MARCH 2	29 1	903	MARY	LAND
	pu ta		10a. State	10b. County			10c. City, Tow	n or Lo	cation							1	10d. Inside City Limits
	Vanylan f show	ō	MARYLAND	ALLEG	ANY		CUMBE	RLAN	ND								Y∑Yes 2 No
	the the	Director	10e. Street end Nu	mher					10f. Zip (Code				100	Citizon of	What Cour	at a C
	with po s			DERICK S	TREET				IOI. ZIP	215	02			Tog.	U.S.	What Cour	itry
	s 23	Funeral						40.11									
	er de	5	11. Marital Status		12. Wes Dec	Forces?		13. V	Yes, speci	fy Cube	n, Mexicar	n, Puerto	eclfy Yes or No Rican, etc.)	10-		ce - Americ ick, White,	
20	or or	by F		ied 2 Married	1 ☐ Yes If Yes, G	iV0	lo	1	□ Yes 2	No	Specify:				Specia	v: WHI	TE
21215-0020	d within 72 hours after death with the Maryland piene. Then "natural", or items 23s or 28s-f show the Medical Examiner must be notified at		S Widowed		Yeer or l	Detes:	1 10							1			
5	nat	Completed	(Spec	15. Decedent's E cify only highest gr		1)	16a	Give (ent's Usual kind of work OO NOT use	done d	etion du <i>ring m</i> os	t of work	king	16b	. Kind of E	lusiness/in	dustry
12	within ene. then "	E	Elementery/Seco	ndary (0-12)	College	(1-4or 5	+))						
7	il Hygie other		17. Father's Neme	(First Middle Lee	41		AL	LEGA	ANY CO).	40 14-11-	d. Ni.	- (P ¹) - 4 A A A A A		COOK		
E S	e da b	Be											e (First, Middl		on Sumai	me)	
Ž	s should be filed and Mental Hygi s marked other aumatic event, II	2		. WIDDOW							DAIS	SY E	. WALKI	ER			
Maryland	d 2 should th and Men 7 is marke traumatic		19e. Informant's Na						_				re/Route Num		•		,
	C = 80 -		JOHN E.		GRAN	IDSO					VE AI	?T#2	-A BALT	CIMC	RE M	ARYLA	ND 21221
ore	ges 1 a t of Hee If Rem or othe		20a. Method of Disp	osition Cremetion 3			20b. Placa o cemete	f Dispos	sition (Nem	e of ner plac	e)		Date	200	. Location	- City or To	own, Stete
altimore,	permit. Pages Department of I Important: If he any injury or or			5 ☐ Other (Speci		State	HILLC	REST	CEMI	ETER	Y JUI	LY 8	1996	CUN	BERL.	AND M	ARYLAND
alt	permit. Pag Department important: I any injury o		21. Signature of Fu	nerel Servica Lica	9999	2 A	Q.	22	. Name end	Addres	s of Facili	ty					
0	Depariment of the series of th			0. 7	W) <	71		MEI	RRITT-	-ADA	MS FU	JNER	AL HOME	Ξ			
	_		23a. Pert1. Enter t	he disease or con	J. P. W.	Caused	the death. Do	404	DEC/	TUR	STRE	EET	CUMBERI	ANI	MAR'	YLAND	Approximate
	Discolation		shock, or hea	rt failure. List only	one chuse on	each lin	0.	not onto	or the mode	or dym	g, 3001 a3	Cardiac	or respiretory	Ollost,		1	Intervel Between Onset and Death
	Physician /Medical		Immediete Cause (Finel													
	Examiner		disease or condition resulting in deeth)	n	a. Pne	eumo	nia									1	2 weeks
U		6				1	Due to (or es e	conseq	uenca of):								
	nsit n	Examiner			b											1	
_	and and	xar	Sequentially list confidence if eny, leeding to limit cause. Enter Under Ceuse (Disease or	nditions, mediete		1	Due to (or es a	conseq	uence of):							1	
9	be e Ician burie		Ceuse (Disease or	rlying Injury	C									17		i	
68760,	certificate be executed ding physician and ise as the bunal-transit	/Medical	thet initieted events resulting in deeth) i				Due to (or es e	consequ	uence of):							į	
ox 6	ding ding	Me			d											į	
Bo		lan														1	
0	the death by the attentached for	Physician	Pert II. Other signif	icant conditions	contributing to d	death bu	t not resulting in	n the un	derlying ca	use giv	en in Pert i		23b. Di	d tobac	co use co	ontribute t	the cause of death
<u>o</u> .	d by	P											10	Yes	20 No	3 Pro	bably 4 Unknow
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Records,	been si	P											24e. We	s en a	utopsy	ev	ere autopsy findings aileble prior to
S	2 S	pie											100			co	mpletion of cause deeth?
œ	0 - 0	Completed											10	Yes	ZINO	1	☐Yes 2☐No
Vital		0	25. Wes case refer	red to medical							26 Place	of Deet	th (Check only				2700 20110
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of	r this		27. Manner of Deeth		28e. Date	of Injur	y 28b.	Time of		c. Injury World	4 140	ising ne	28d. Describe				<i>y)</i>
5	Attanding r death. octor: Afta by the fune	tioi	Natural 2 ☐ Accident	5 Pending investigation		nth, Dey	Year) I	njury	м		<br Yes 2□	No					
2	death. ctor: A y the fu	fica	3 Suicide	6 ☐ Could not b	e ne Plac	a of Inju	ry - At home, fa	rm stre	et factory				28f. Location	(Stree	t and Num	her or Rure	al Route Number.
Division	or Attand after death Director:	Certification:	4 Homicide	determined	build	ling, etc	(Specify)	, 0010	ot, lactory,	011100			City or T				a riodio rambol,
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral		29e. Certifier	Cartifying Di	veloien. To the	e boet e	f many from any day of a large	death		Abo Alon	a data a	4 -1			-/->/		
	Hos Fun Fun stely	edical	(Check only one)	2 dedicat Exam	miner: On the b	basis of	f my knowledge examination an	d/or Inv	estigation, i	n my op	olnion, dee	th occur	red at the time	e cause , dete	e(s) end m and placa,	anner as s and due to	the cause(s)
	the the	Me	29b. Signature end	title of partifier	(and mer	inei stai	led.		290	License	number			904	Ohto stabi	d (Month	Day, Year)
	5.35.8		_oo. Signature end		4	4		• ^ -	-					7	10	C (vay, rearj
	2			my	1/2	C		ak	7 D	127	79			1	0	16	
	4.1		30. Name and addre	ess of person who	completed cau	ise of de	ath (Item 23a)	Туре, Г	Print)						1		
	160		Dr. G. F		Memoria.	1 Hc	spital	Med	ical	B1d;	g. Cu	mber	land,	MD	21502	<u> </u>	
	Sta	ite	31. Date filed (Mont		32.1	Registra	r's Signeture										
	Registi	ar	JU	L 0 5 199	10 Stale	e duti	viction has	ciael									

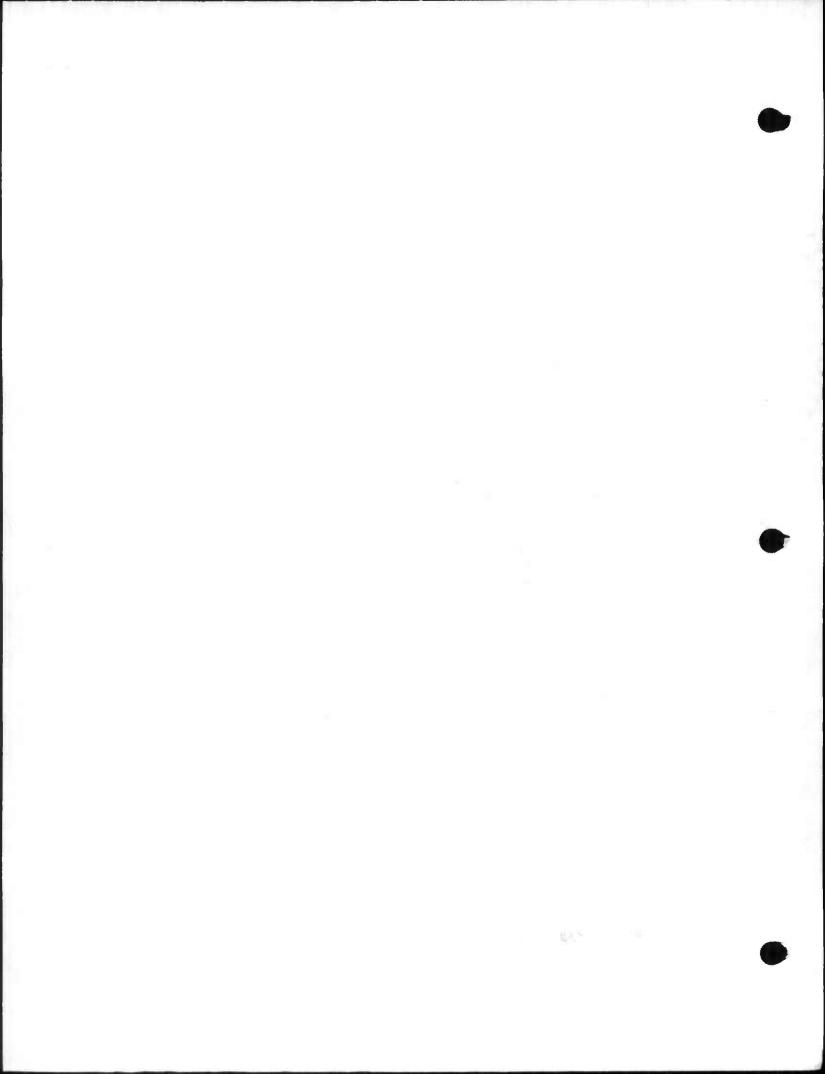
State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificate	of Death			Reg. No.		- 1	0 0 0
			1. Decedent's Neme (First, Middla, L	ast)			-			2. Data of De		Viere	3. Ti	ma of Deeth
	Physic		WALTER	CHAI	PT.FC		KEYSER			Month July	4, 1996	Year	11	:55 AM
	/Medi Examiı		4a. Facility Name (If not institution, g					4b. City, To	own, or Lo	ocation of Deet		of Death		. 55 111
4	Examil	iei	Memorial Hos					Cur	mber	land		Legar		
-	Francisco .				7. Age (In vrs	. last birthdey)	If Under 1 Y		24 Hrs.	8. Data of Bir				iteta or Foraign
	Funeral Director		705-07-9580 Usual Rasidance of Decedent	№ М 2□ F	88	Yrs.	Months D	ays Hours	Min.	Jun 1	y, Year)	M	intry)	Total or Foreign
	fand w		10a. Stete 10b. County		10c. C	ity, Town or Lo	ocation						10d. Insi	Ide City Limits
	Mary 4 sh	0	WV Hampshi	ro		Greens	spring						1	Yes 2□No
	the 28s	Director	10e. Street and Number	1.0		OI COIL	10f. Zip Co	de			10g. Citizan of V	What Cou	into/2	
	Jain 72 hours after deeth with the Maryland jiene. I then "natural", or items 23s or 28s-f show the Medical Examiner must be notified at						·				US			
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	her d	Funeral	11. Marital Stetus	Armed For	ces?	J,S. 13.	If Yas, specify	Cuban, Maxica	n, Puerto	ecify Yas or No Rican, etc.)	Bled	ck, Whita		311,
Maryland 21215-0020	rs af	by F	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yas If Yas, Giva Yaar or Da	3		1□Yas ኺ	No Specify:	:		Specify	y:	بلا څامله	
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5	within 72 ene. then "net	Completed	15. Decedent's E (Specify only highest g	ada completed)		(Give	dent's Usual O kind of work d DO NOT use re	one during mos	st of work	ing	16b. Kind of B	usinass/ii	idustry	
12	withir ene. then	E D	Elemantary/Secondary (0-12)	Collega (1-	4or 5+)	Retire		mouj			B & O	Rail	roac	3
2	I Hygie other	ပိ	12 17. Fathar's Nama (First, Middle, Las	P)		Nectite	su	18 Moth	er's Nam	a /Firet Middle	, Maiden Suman		.1000	_
an	S d o S	Be		7							, maioen ouman	10)		
3	2 should be ond Mentel is marked (raumetic ev	10	Walter Kaiser				T			(Lang)				
Mai	d 2 should th end Mer 7 Is merke traumatic		19a. Informant's Name/Ralationship								er, City or Town,	Stata, Zi	p Coda)	
	of Health of Health I Item 27 I		Walter W. Kaise	rson	1001			; Greer	nspri		26722			
0	of H		20a. Mathod of Disposition 1 X Burlel 2 □ Cramation 3 I	Ramovai from S		camatary, crai	osition (Nama o matory or othar	place)	į	Data	20c. Location -	City or T	own, Ste	ite
=	Pag ment: ury		4 ☐ Donation 5 ☐ Othar (Spec		Su	mset Me	emorial	Park	į	07/08	Cumber	land	, MI)
Baltlmore,	permit. Pages Department of I- Important: If ite any injury or of		21. Signature of Funeral Service Lice	nsee		10 2	2. Name end A	ddrass of Facili	ity	1 IIomo				
Ш	82589		> Glinhala A	110	Mod	10:		cland,		21502				
			23a. Pert1. Enter tha disaasa, or cor shock, or haart fallure. List only	plications that ca	used tha daa	ith. Do not an					rrest,	1		ximete
S.	Physician		Shock, of Healt lendle. List of h	Ma Cousa On as	icii iiiie.								Onset	al Between and Death
	/Medical		Immediate Causa (Final	Cama			1.4					- [-	
	Examiner		disease or condition resulting in death)	a. COTO		oras a consec	lisease						<u> </u>	ears
		ē			D00 10 (or as a consec	qualica oi).					1		
	eath certificate be executed ettending physicien end for use as the buriel-trensit	Examiner	Sequentially list annelthers	b. ———	Due to (or as a consec	ruance off:					- 1		
ć	certificate be executed nding physicien end use as the buriel-trensit	Exa	Sequentielly list conditions, if eny, laading to Immadiata cause. Entar Undarlying Cause (Disaase or Injury		200 10 (or as a consec	4441100 017.							
68760,	e be	cal	that initiated evants	c	Due to /	or es e consec	wood off:					-		
68	ficat phy as th	Medical	rasulting In death) Last		Dua to (OI 95 9 COIISEC	(uorice or).							
×	certi nding use a	Z		d										
Bo	death	Physician/	D. 411 Out 1 101 - 1 - 101							1 201 714				
0	that the death ad by the ette deteched for	ys	Part II. Other significant conditions	contributing to dea	ath but not rai	suiting in the u	ndaliying caus	a givan in Part	l.		tobacco use co			
Ω.	that the ed by th detech									1	Yes 2□ No	3 Pro	Debly	4 Unknown
Division of Vital Records,	requires tha een signed hould be de	d by								24a Was	en eutopsy	24b. W	Vere auto	opsy findings
Ö	been s should	Completed									ormed?	8	veileble i	prior to n of cause
Sec	S S CI	İdu											f death?	
=	The safe h	S								10	Yes 2 No	1	☐ Yas	2□ No
/ita	Physician: The Lithis certificate heral director, page	Be	25. Was casa rafarred to medical axaminar?					28. Place	a of Deet	h (Check only	one)			
=		2	1 ☐ Yas 2 No	Hospital:	patient 2	ER/Outpatian	nt 3 DOA	Othar: 4 N	ursing Ho	me 5 Resi	dance 6 Oth	nar (Spec	ify)	
L	ng Pi		27. Manner of Death 1 Natural 5 □ Panding	28a. Data o (Month	f Injury , Day Year)	28b. Tima o Injury	f 28c.	Injury at Work?		28d. Dascribe	how Injury occur	red		
0	Attending Ph or death. ector: After th by the funeral	atic	2 Accidant Invastigation				M.	1 ☐ Yas 2 ☐	No					
Š	or Attending after death. Director: After in by the fune	Certification:	3 ☐ Sulcida 6 ☐ Could not detarmined	28a. Place	of Injury - At h	nome, farm, str	reet, factory, of	fice		28f. Location (City or To	Streat and Numb wn, Stata)	ber or Rui	ral Route	Number,
\Box	s after	Cer			g, ato. (opeo.	,,					,			
	the Hospital or Att in 24 hours after d the Funeral Direct mpletely filled in by	co Co		nysician: To the t										(-)
	n 24	edical	one) Medical Exa	miner: On the bas	ar stated.	ation and/or in	vastigation, in i	ny opinion, das	ath occur	red at tha tima,	data and placa,	and dua	10 tha ca	usa(s)
	To the Within 2 To the womple	Σ	29b. Signatura and title of contillor	,			29c. Lle	ansa number			29d. Data signe	d (Month	, Day, Yo	er)
	5		Juhan	borne			D	33280			July 3	S 1	996	
	1010		30. Nama and address of person who	complated cause	of death fits	m 23a) (Type	Print)			1	July	1	770	
	160			Johnson				g. Cumb	erla	nd, MD	21502			
	Sta	te	31. Data filed (Month, Day, Year)		girlirar's Sign									
	010			I HAD Y	In la dit	well as the	11							

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

			1. DECEDENT'S NAME (Flist, GRACE LAVA		RNS							2. DATE OF DEA		1996	3. TIME OF DEAT	тн ам
			4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRT (Month, Day, Y	H par)	8. BIRTI- Count	IPLACE (State or Fo	
	2, 3 should	OR	219-14-7016 90. FACILITY NAME (N rock in LIONS MANOF	stitution, give s	treet and number)	80				OR LOCATI ERLA		APRIL 14	9c, CO	MAJ DUNTY OF D LLEGA		
		DIRECTOR	PESIDENCE OF DEC	10b. COUNT	v EGANY			TY, TOWN O							10d. INSIDE CITY	
	physician. burial-transit permit. Pages	FUNERAL	100. STREET AND NUMBER	T GRO	VE ROAD 1	N.W.			101	7. ZIP COD	502	. . .		S.A.	1 TYES 2XXX	NO
21215-0020	ing the	BY FUN	11. MARITAL STATUS 1 Never Merried 2 3 Nidowed 4 Divo			IT EVER IN U.S. YES 2 [MAR OR DATES		1	f yes, sp	CENDENT Concept Cube	OF HISPAN In, Mexica Specify	NIC ORIGIN? (Specin, Puerto Rican, et	fy Yes or No-	14. RACE Black	E — American India k, White, etc.	īn,
215	r attend use as	9		EDENT'S EDU		16a.	DECEDENT'S	USUAL OC	CUPATIO	ON ost of world	ng .	16b. KIND C	F BUSINESS/II	NDUSTRY	-	
	0 p	COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5	+) 1	Iffe. Do NOT u	se retired.)				UCATION	CUSTO	DIAN	IN SCHO	OL
MARYLAND	3 E &	BE CON	17. FATHER'S NAME (First, M CHRISTOPHE		UMBUS GAI	RLICK				18. MOT	HER'S NA	ME (First, Middle, M ORA O'NE	laiden Surname) CAL)		
	e 5 should notified	5 8	190. INFORMANT'S NAME (7) CAROLYN MAF		NIEC	E	196. MAILING 14303	WINC	S (Street &	TER	or Flural I	Route Number, City of CUMBERI	AND MI	Zip Code)	502	
IORE,	leath. Page 6 may be funeral director, page xaminer must be		20e METHOD OF DISPOSITI 1 Deburial 2 Crematio 4 Donation 5 Other		oval from State	cemetery,	CEAND DATE	ther plecel			LY 8	DATE 20	VALE M	-		
ALTIMORE,			21. SIGNATURE OF FUNERAL	L SERVICE LIK	ENGER S	*		22. I MEF	RRIT	T-AD.	ss of fa AMS		HOME			
P.O. BOX 68760.	eath certificate be executed within 24 hours after attending physician and completely filled in by the ntal Hyglene prior to burial, cremation, or removal y, or other traumatic event, the medical or	CERTIFICATION	23. PART I. Enter the dishock, or his MEDIATE CAUSE (Find disease or condition resulting in desth) Sequentially list condition if any, leading to immediate. Enter UNDERLYI CAUSE (Disease or Injuthat Initiated events resulting in death) LAS	ons, diate	a. ACU bus to Ends	OR AS A CONS	C . EQUENCE O	H.F A.D	tha mo	da of dy	ng, suc	h as cardiac or	reapiratory a	rreat,	Approximation interval B Onset and Z W	etween
L RECORDS,	w requires that the d been signed by the rt. of Health and Me.	MEDICAL	PART II. Other significant of the perfect of the pe	ullitu	SSP	Coron	any c	nter	4 6	St Do	ilven in	1 D Y	AS AN AUTOPS: RFORMED? ES 2 NO	Y 24b.	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CO OF DEATH? 1 YES 2 P	TO
VITA		ICIA	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:		ACE OF DEA	TH (Check o								
OF	this with	PHYSICIAN: N	27. MANNER OF DEATH	Pending	26e, DATE OF (Month, D	INJURY	28b. TIN	-	28c. INJ WO	URY AT		6 Other (Specify 26d. DESCRIBE I		CCURED		\dashv
DIVISION	OR ATTENDING I DIRECTOR: After hours after death Item 28 is mar	TED BY	3 Suicide 8	nvestigation Could not be letermined	28e. PLACE O building,	F INJURY — At etc. (Specify)	home, farm,	street, facto		/ES 2	NO	281. LOCATION (S City or Town,	treet and Numb State)	er or Rural R	loute Number,	
DIV	E ZA E	COMPLETE			CIAN: To the best of R: On the basis of a) and manner as st	tated.
_	TO THE HOSPI TO THE FUNER De filed within IMPORTANT:	TO BE CO	29b. SIGNATURE AND TITLE V.A. Ranjith	of CERTIFIER	A. Rai	ytha	M				NSE NUM			TE WONED	Marin Day Year) 8 Hz 96	
NA	1		V.A. Ranjith		D., Lion		r Nurs		Home	e, Se	ton	Dr. Ext	., Cum	berla	ind, MD	21502
			31. DATE FILED (Month, Day,	1556	Jaha day	relici-	1									



State of Maryland / Department of Health and Mental Hygiene 96

21595

							Ce	rtificate	of	Death			Reg. No.		
	Physic /Medi		Decedant's Name (Firs	, Middla, L LEANO		NE	KEN	NEY				2. Data of De Month July	Day 7, 1996	Yeer	3. Tima of Death 6:05 PN
	Exami		4a. Facility Nema (If not in	stitution, gi	ive street and n	umber)			4	b. City, To	wn, or L	ocation of Deat	h 4c. Count	y of Death	
T			Memorial H	ospit	al					Cumb	erla	and	A11	egany	•
	Funeral		5. Social Sacurity Number		Sex	7. Age (In y	rs. last birthday	Months [Year	If Undar	24 Hrs. Min.	(Month, Da	th	9. Birth	place (Stata or Foreign
	Director		215-20-675 Usual Rasidance of Dace	lant	1□ M 2/□ F	69						0ct.23	3,1926	Ma	rýland
	deeth with the Meryland rms 23a or 28a-f show rmst be notified at	Director	MD 10a. Stata 10b.	AL'L'E	GANY	10c.	City, Town or L								10d. Inside City Limits 1 Yas 2 □ No
	中 6 2 8	Sire	10e. Street and Number					10f. Zip C	oda				10g. Citizen of	Whet Cou	ntry?
	23a	ie	212 S. AL	LEGA	NY STE	REET		21	50	2			U.S	. A .	
020	or its	by Funeral	11. Marital Statue 1 Never Merried 2 3 Widowed 4 D			cedant Evar ir orces? 2 13 No iva	n U,S. 13.	Was Decedar If Yes, specify 1 ☐ Yas 2 🗓		lispanic Original, Maxican Specify:	gin? (Sp , Puerto	pecity Yes or No Rican, atc.)	9- 14. Rei Bla Specif	ick, Whita	can Indian, , atc.
Maryland 21215-0020	72 hours natural', diesi Exi			cedant's E			16a, Dece	dant's Usuai (Occun	ation			16b. Kind of B		
215	c • #	Be Completed	(Specify only	highast gr	rade completed		(Givi	DO NOT usa	dona i	during most	of work	ding .	CUMB		
21	jene. r than	E	Elamantary/Secondary	0-12)	Collega	(1-4or 5+)	CI	HECKER					LAUN		
P	e filed al Hygid other vent, ti	e	17. Fathar's Nama (First,	Aiddla, Las	t)					18. Motha	r's Nam	a (First, Middla	, Maidan Sumai		
lar	ges 1 and 2 should be file it of Health and Mentai Hyy If item 27 is marked othe or other traumatic event,	To B	CHARLES F	EYNA	RD					AN	NE	L'OWERY			
ary	S should be shou	-	19a. Informant's Neme/Re	lationship	(Type, Print)		19b. Mail	ing Addrass (S	Streat		-		er, City or Town	, Stata, Zi	p Coda)
	aith er		JOSEPH C.	KEN	INEY								RLAND,		21502
ē,	Health tem 27 other tr		20a. Mathod of Disposition			20t	. Place of Disp	osition (Nama	of			Data	20c. Location		
Baltimore,	permit. Peges 1 end Depertment of Health Important: If item 27 any injury or other to once.		1 N Burial 2 Cren 4 Donetion 5 C	har (Speci	ify)	Stete	SVC-RO		P			7-11-96			NE,MD
Ba	Depermine Important in Inc.		21. Signature of Funerel S	1			- (2. Nama end /	- 11	DCHIII	DCL	EIINED	AL HOM	c c	Λ
	00540		23a. Part1. Enter the o se shock, or haart failur	IL 4	Acheus	cl		202 GR	FF	NE S	T	CHMRER	I AND M	D 21	502
п			23a. Part1. Entar the dise shock, or haart failur	esa, or con	nplications that one ceusa on	causad tha da	aath. Do not er	tar tha moda o	of dyln	g, such es	cardiac	or raspiretory a	rrest,		Approximete Intarval Batween
	Physician			•										1	Onset end Death
Τ′	/Medical Examiner		Immediata Causa (Final disaasa or condition		, ANC	XIC EN	CEPHALO	PATHY							10 days
п	Examiner		rasulting in death)		a		(or as a conse								20 4475
-	Q #	ine		_	ASP	IRATIO	N								10 days
	ocute and trans	Examiner	Sequentially list condition		D	Due to	o (or as a conse	quance of):							
0,	e exe	E I	Sequentially list condition if any, laading to Immadia cause. Entar Undarlying Causa (Disease or Injury		CER	REBROVA	SCULAR	ACCIDE	NT					1	1 year
68760,	ate b hysic the b	edicai	that initiated evants rasulting in deeth) Last		C	Due to	(or es a conse	quence of):						1	-
9 xo	certificate be executed nding physician and use as the buriel-transit	3		L	d										
.O. B	that the death c led by the attend deteched for us	Physician	Part II. Other eignificant of	onditions	contributing to d	leath but not r	asulting In tha	inderlying caus	sa giv	an in Pert I.		23b. Did	tobacco use co	ontribute t	to the cause of death'
۵.	es thet the igned by the be deteche	by Ph	Chronic Lun	g Dis	ease							10	Yes 2□ No	3 ☐ Pro	obably 4 Unknow
of Vital Records,	aw requir	Completed b	Coronary He	art D	isease							24a. Was	an autopsy ormed?	an Co	Vara autopsy findings vallable prior to ompletion of causa daath?
R	0 - 0	0.										10	Yas 2 No	1	☐ Yes 2☐ No
ita	ician: Th certificate rector, per	Be	25. Was casa rafarred to r	nedical		/				26. Placa	of Deat	h (Check only	ona)		
\	S 00 0	To	axaminar?		Hospital:	Inpatiant 2	☐ ER/Outpatie	nt 3 DOA	Oth	ar: 4□ Nu	rsing Ho	ma 5 Rasi	dance 6 □Ott	nar (Speci	ity)
	ding h. After fune			Panding nvastigatio		of Injury oth, Day Year)	28b. Tima o Injury	of 28c.	Injun Worl				how injury occur		,,
Division	무를	Certification:	3 ☐ Suicide 6 ☐	Could not b	e 28a. Place	e of Injury - Al ling, atc. (Spa	t homa, farm, st	reet, fectory, o	ffice			28f. Location (City or To		ber or Rur	ral Routa Number,
	To the Hospital or within 24 hours effe to the Funeral Dir completely filled in	edical C	29a. Cartifiar 12 C (Check only 2 M	ortifying Prodical Exam	miner: On the b	best of my k asis of axami	nowladga, daat ination and/or In	h occurrad at to vastigation, in	tha tim	na, data and pinion, daat	d plece, th occurr	end dua to tha red et tha tima,	causa(s) and m data and place,	anner as a	steted. to the causa(s)
	o the	Me	29b. Signature end title of	ertifiar	,_	3,2,30.	0	29c. L	icans	a number			29d. Deta signe	ed (Month.	Day, Year)
	- S + O				()	200	M. n			3334			July	- 11	1996
	5		00.11	LUTE.			The O		υΖ	.5554			July	0.7	1370
-	1223		30. Nama and addrass of p								1	1 100	01500		
			Dr. D. Shah	, Joh		ights Regiskar's Sig		. RIdg.	, (umber	Tan	a, MD	21502		
	Sta Registr	_	31. Data filed (Month Day	0 8 19	96 July	Davel	ion-Randal	L							

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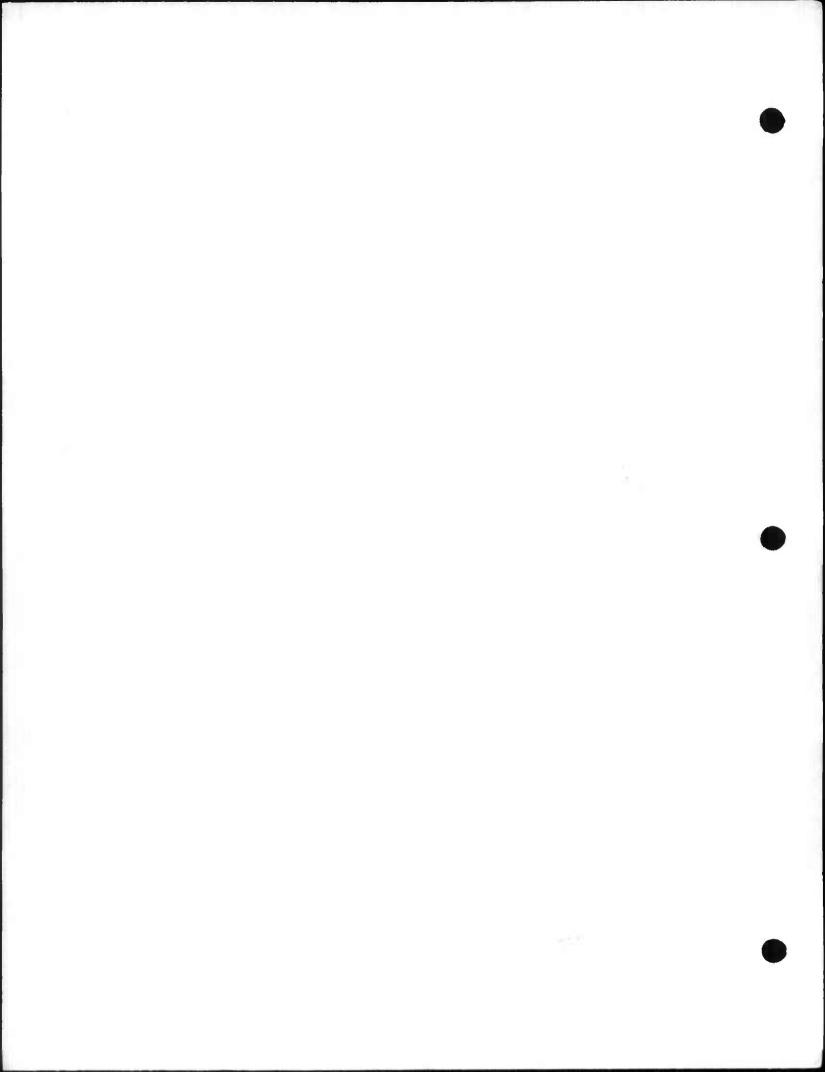
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			1 - STATE OF I	MARYLAND / DEPART CERTIFI	CATE OF		NTAL HYGIEN REG. NO.	E	
			1. DECEDENT'S NAME (First, Middle, Last)		- 176	2.	DATE OF DEATH		3. TIME OF DEATH
	,		Louise V. Kile				11y 8	1996 YEAR	12:15 A.
			4. SOCIAL SECURITY NUMBER 5. SEX 2 18-64-880 1 1 □ M 2 💢 F	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	HOURS MIN.	Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)
	pinc		9a. FACILITY NAME (If not institution, give etreet and number)	77 YRS.	A. A.E. BANK	Se	ept 10 19		st Virginia
	3 should	Œ	24 105 Pine Hill Road, S.W	,		R LOCATION OF DEATH		9c. COUNTY OF	
	1, 2,	CTO	RESIDENCE OF DECEDENT		Rawling			Alleg	any
	Pages	DIRECTOR	MD 10b. COUNTY Allegany		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	permit. Pages 1, 2,		100. STREET AND NUMBER	Ray	wlings	ZIP CODE		40- 01717511 01	1 TYES 2 NO
	75	FUNERAL	24105 Pine Hill Road, S.W	1.		21557		U.S.A	
0	retained by the hospital or attending physician. 5 should be detached for use as the burial-transit totified at once.	N.	11. MARITAL STATUS 12. WAS DECEDEN	IT EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC O	RIGIN? (Specify Yes	or No.— 14. RA	CE - American Indien,
002	g phy	ВУ	1 Never Married 2 Merried FORCES? 1 3 Wildowed 4 Divorced	YES 2 XNO WAR OR DATES		cify Cuben, Maxican, Pu 2 X NO Specify:	ario Rican, etc.)	Sp	ock, White, etc.
15-	as th	ED B	15. DECEDENT'S EDUCATION	18a. DECEDENT'S U	IELIAL OCCUPATIO	w	40. 5000 00 000		ite
21215-0020	or at	ET	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8	(Give kind of w	ork done durina mo:	st of working	16b. KIND OF BUS	INESS/INDUSTRY	
Q	spital	COMPLET	9	Homema	aker		Own Ho	me	
A	detach	Ö	17. FATHER'S NAME (First, Middle, Leat)			18. MOTHER'S NAME (First, Middle, Maiden	Surname)	
RYI		B	William F. Junkins			Victoria	S. Rus		
		2	19e. INFORMANT'S NAME (Type/Print) Ona M. Kile, Jr.			ort Road	Number, City or Town Taneyto		21787
шî	ay be		20e. METHOD OF DISPOSITION	20b. PLACE AND DATE OF				ATION — City or	
10	age 6 may be director, page or must be		1X Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Dawson Ceme	er place)	July 10		wlings,	
TIN	death. Pag e funeral dir il. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSES	()		D ADDRESS OF FACILIT	Y		110 1.007
BALTIMOR	after death. Page y the funeral dire- noval.		Alicum City	V	85 Sou	k-Smith Fu th Main St	neral Ho reet Ke	me vser. W	V 26726
	ours after d in by the or removal.		23. PART I. Enter the diseases, or complications the shock, or heart latters. List only one cau	t coused the death. Do no					Approximate
	De Po E		IMMEDIATE CAUSE (Finel	a		0/50			Onset and Daat
	- 2 to -		disease or condition a	bills	m	LUL			Prozn
68760	9 5 E		DUE TO	(OR AS A CONSEQUENCE OF)	:				7
39 X	be executed vician and con rior to burial, traumatic er	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	(OR AS A CONSEQUENCE OF)	*				
BOX	ysiciar prior trau	CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury						
0	entifica ing phy glene other	TE	that initiated events resulting in death) LAST	(OR AS A CONSEQUENCE OF)	:				i
σ.	the death certificate the attending physical Mental Hygiene principary, or other the	SER	d						
S	the deal py the att and Menta and Menta in Injury.								
Q			PART II. Other significant conditions contributing to	death but not resulting in	the underlying	ceuse given in Part	i. 24s. WAS AN		Ib. WERE AUTOPSY FINDINGS
α		8	PART II. Other aignificant conditions contributing to	death but hat resulting in	the underlying	ceuse given in Part	i. 24a. WAS AN PERFORE	MED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE
α	equire: en sign of Hea	MEDICAL	myat	3 da	~ 9	,	1 PERFOR	MED?	AMAILABLE PRIOR TO
L RECOR	law requires that as been signed by Dept. of Health an 23 shows any		DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEATH YES	ON D	1	1 PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
L RECOR	law lept 23		DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	USE OF DEATH YES	OTHER:	UNCERTAIN [PERFORI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
L RECOR	law lept 23		DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 1 Inpution 20 27. MANNER OF DEATH 28s. DATE OF	USE OF DEATH YES 26. PLACE OF DEATH ERVOutpetiant 3 DOA INJURY 28b. TIME	I (Check only one) OTHER: United Horseling Home OF 28c, INJU	UNCERTAIN [PERFORI	MEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
OF VITAL RECOR	law lept 23	PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 1 Inpatient 27. MANNER OF DEATH Neturel 5 Pending	USE OF DEATH YES 26. PLACE OF DEATH ERVOutpetiant 3 DOA INJURY 28b. TIME	I (Check only one) OTHER: No	UNCERTAIN C	PERFORI	MEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
OF VITAL RECOR	DING PHYSICIAN: The law After this certificate has the death with the State Dept.	BY PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 1 Inpetient 27. MANNER OF DEATH Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	USE OF DEATH YES 26. PLACE OF DEATH FER/Outpetient 3 DOA INJURY ey, Year) FINJURY — At home, farm, st	I (Check only one) OTHER: 4 Nursing Home OF 28c. INJL OF WOI 1 Y	UNCERTAIN C Residence 6 URY AT 28d	PERFORI 1 YES Other (Specify) DESCRIBE HOW IN	NO NO	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
OF VITAL RECOR	TTENDING PHYSICIAN: The law TOR: After this certificate has be after death with the State Dept. 28 is marked, or item 23	BY PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 1 Inpution 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 28e. PLACE OF (Month, D	USE OF DEATH YES 26. PLACE OF DEATH ER/Outpetient 3 DOA INJURY ey, Year) 28b. TIME INJURY	I (Check only one) OTHER: 4 Nursing Home OF 28c. INJL OF WOI 1 Y	UNCERTAIN C Residence 6 URY AT 28d	PERFOR	NO NO	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
DIVISION OF VITAL RECOR	AL OR ATTENDING PHYSICIAN: The law AL DIRECTOR: After this certificate has b 2 hours after death with the State Dept 1 tlem 28 is marked, or item 23	BY PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 1 Inpetient 2 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of	USE OF DEATH YES 28. PLACE OF DEATH PER/Outpetiant 3 DOA INJURY 28b. TIME INJU FINJURY At home, farm, stratc. (Specify) my knowledge, death occurred	Check only one) OTHER: 4 Nursing Hom OF 28c. INJI M 1 Y reet, factory, office	UNCERTAIN PResidence 6 JRY AT 28d 28d 28d 28f 28f 28f 3d 3d 3d 3d 3d 3d 3d 3	PERFORM 1 YES Other (Specify) DESCRIBE HOW IN LOCATION (Street a. City or Town, Stete)	NO N	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
DIVISION OF VITAL RECOR	AL OR ATTENDING PHYSICIAN: The law AL DIRECTOR: After this certificate has b 2 hours after death with the State Dept 1 tlem 28 is marked, or item 23	BY PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of could not be detarmined 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of could not be detarmined	USE OF DEATH YES 28. PLACE OF DEATH PER/Outpetiant 3 DOA INJURY 28b. TIME INJU FINJURY At home, farm, stratc. (Specify) my knowledge, death occurred	Check only one) OTHER: 4 Nursing Hom OF 28c. INJI M 1 Y reet, factory, office	UNCERTAIN PResidence 6 JRY AT 28d 28d 28d 28f 28f 28f 3d 3d 3d 3d 3d 3d 3d 3	PERFORM 1 YES Other (Specify) DESCRIBE HOW IN LOCATION (Street a. City or Town, Stete)	NO N	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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DIVISION OF VITAL RECOR	AL OR ATTENDING PHYSICIAN: The law AL DIRECTOR: After this certificate has b 2 hours after death with the State Dept 1 tlem 28 is marked, or item 23	BE COMPLETED BY PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of could not be detarmined 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of could not be detarmined	USE OF DEATH YES 26. PLACE OF DEATH ERVOutpetiant 3 □ DOA INJURY ay, Year) 28b. TIME injury atc. (Specify) my knowledge, death occurred kamination end/or investigation	Check only one) OTHER: 4 Nursing Home OF 28c. INJI WOI 1 Y reet, factory, offica	UNCERTAIN PResidence 6 28d 28d	Other (Specify) Describe How in LOCATION (Street a: City or Town, Stete)	NO N	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO 1 Route Number,

W. Guy Fiscus, M.D.
31. DATE FILED (Month, Day, Veer)

JUL 1 0 1996 500 Memorial Avenue 21502 Cumberland, MD 32 REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020

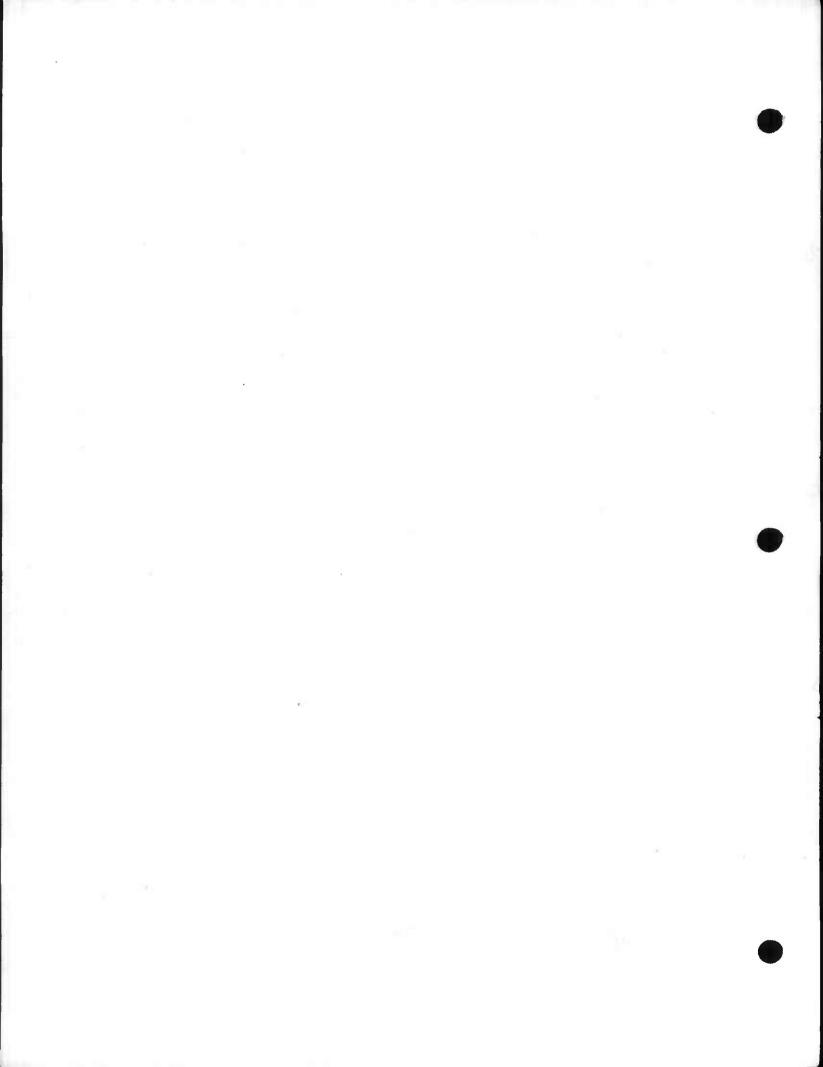
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)	7 7				2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATN
	FULTON 4. SOCIAL SECURITY NUMBER		YNCH n yrs. leat birthdey) IF			JUNE 26	1996	2:10 P M
	222-14-4495	1 🕅 M 2 🗆 F	85 YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) APR. 7, 19	Cou	THPLACE (State or Foreign ntry) DELAWARE
OR	99. FACILITY NAME (If not Inetitution, give stree BERLIN NURSING & I			BERLIN	R LOCATION OF D	EATN	WORCES	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY, To	OWN OR LOCAT	ON			10d, INSIDE CITY
	DELAWARE SUSSI	EX	SELI	BYVILLE	ZIP CODE			LIMITS?
FUNERAL	8 McCABE STREET			11111	19975		US.	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 📉 NO	It yes, spe	NDENT OF NISPAI city Cuben, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Yes in, Puerto Ricen, etc.) y:	or No — 14, RA	CE — Americen Indien, ck, White, etc. ccty: WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mos	N t of working	16b. KIND OF BUS	INESS/INDUSTRY	WILLE
APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	HATCHER	,		POULT	RY	
S	17. FATNER'S NAME (First, Middle, Last)	•				ME (First, Middle, Maiden	Surname)	
8	ARCHIE G. LYNCH 198. INFORMANT'S NAME (Type/Print)					DONOWAY		
임	MADELINE B. LYNCH					Poute Number, City or Town		19975
	204 METNOD OF DISPOSITION 1 \(\overline{D} \) Buriel 2 \(\overline{D} \) Cremetion 3 \(\overline{D} \) Remov	rel from State 20b.	PLACE AND DATE OF D elery, cremetory or other SHOPVILLE	SPOSITION (Nat	ne of	OATE 20c. LOC	CATION — City or	Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE BT	SHOPVILLE		ERY D ADDRESS OF FA	6/30/95 ВІЗ сыту	SHOPVILL	E, MD
	• Charles a	V Hant	2	HASTIN	GS FUNER	AL HOME, S	ELBYVILI	LE, DE 19975
CERTIFICATION	23. PART I. Enter the diseases, or co shock, or heart feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) s. Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	ch line.			Mell,		Approximats interval Between Onset and Death
MEDICAL	PART II Other significant conditions DID TOBACCO USE CONTRI	(FAIL	vne pi	144	ern	PERFORI	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO
5		HOSPITAL:	6. PLACE OF DEATH (C	Check only one)				
PHYSICIAN:	1 YES 2 XNO	1 ☐ Inpatient 2 ☐ ER/Outpa 26e. DATE OF INJURY	flent 3 □ DOA 42	Nursing Nome		6 Other (Specify) 26d. DESCRIBE NOW IN	HIEV OCCUPED	
2 4	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 Y	IK?	200. DESCRIBE NOW IN	SORT OCCURED	
_	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, term, atree	t, tectory, office		26t. LOCATION (Street er City or Town, State)	nd Number or Rural	Route Number,
COMPLEIED	one) 2 MEDICAL EXAMINER:	AN: To the best of my knowle						(e) end menner se stated.
	296. SIGNATURE AND TITLE OF CENTINER	m	2	\geq	DO2026		DATE SIGNE	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO FEDERICO G. ART	HES, M.D. 16	22A OCEAN		BERLI	N MD 218	11	
	JUN 281996	32 AEGISTANA'S SIGNA	Mardell					



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** 2:25 PM BERNARD L USBY Jul /Medical 4a. Facility Name (If not Institution, giva street and number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** North Arundel Convalescent Center Glen Burnie Anne Arundel 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 6. Sex Birthpiace (State or Foreign Country) 8. Data of Birth (Month, Dey, Year) **Funeral** 1 M 2 □ F Months 9 Days 212-16-2031 92 Yrs. Director 10/4/1903 MD Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location Show 10d. Insida City Limits 7 is marked other than "naturel", or items 23s or 28s-1 shor traumatic event, the Medical Examinar must be notified at Anne Arundel Glen Burnie 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Hospital Drive 21061 USA Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2⊠ No If Yes, Give Yaar or Dates: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. should be filed within 72 hours after nd Mental Hygiana. marked other than "nature!", or Ne 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2√ No Specify: White þ Specify: 3-ElaWidowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 18a. Decedent's Uaual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Coilaga (1-4or 5+) St Manager Restaurant 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if item 27 is marked oth any injury or other traumatic event 18. Mothar's Name (First, Middle, Melden Sumema) Charles S. Lusby Sara Dixon 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street end Number or Rural Routa Number, City or Town, State, Zip Code) Elvira Joy/Sister 722 Cypress Rd. Severna Park MD 21146 20b. Piace of Disposition (Name of cematery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Ramovai from State 4 ☐ Donation 5 ☐ Other (Specify) Olivet Cemetery 7/9/96 Olivet, MD 21. Signettim of Fureral Service Lice 22. Name and Address of Facility Barranco and Sons Funeral Home 495 Ritchie Hwy Severna Park MD 21146 me enter tha mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onsat and Death Physician Arterios cleratic Cardiovascular disease Twenty to Immediate Cause (Final disease or condition partiting in death) /Medical Examine dementia Examiner attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last P.O. Box 68760, Physician/Medical Part II. Other algorificant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown dopoude Division of Vital Records, Hospital or Atlanding Physician: The law requires 24 hours after death.

Funeral Director: After this certificate has been sign stay tilled in by the funeral director, page 2 should be stelly tilled in by the funeral director, page 2 should be Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of daath? 1 ☐ Yes 2 No 1 Yas 2 No 25. Was case refarred to medical examiner?

1 Yes 2 Yo Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of injury (Month, Day Year) 27, Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending investigation 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicide To the Hospital of within 24 hours at To the Funeral Completaly filled 1 Destrifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical 29b. Signature and Wood certifier 29c. Licansa number 29d. Date signed (Month, Dey, Year) D44973 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) , 202, HOSPITAL DRIVE, 325, GLENBURNSE, MD21061 SAWHNEY ND 31. Date filed (Month, Dey, Year) State JUL 1 2 1996 Registrar

DHMH 16 Rev 6/95

A receipt which by a prince of the contract of

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month 4b. City, Town, or Location of Death 1996 5:00P George /Medical 4e. Feclifty Name (If not institution, give street end number) 4c. County of Deeth Examiner Prince George's Doctor's Community Hospital Lanham 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 1₽M 2□F 578-03-2464 Yrs Director 82 Washington DC Usuel Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral, or items 23s or 28s-f show W. Virginia Jefferson Charles Town 1 ☐ Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 187 Tuscawilla Hills 25414 United States e filed within 72 hours after death all Hygiena.

1+
Other than "natural", or Items 23 Funeral 12. Wes Decedent Ever in U,S. Armed Forces?

XX Yes 2 □ No. 1942

If Yes, Give
Yeer or Detes: 1946 Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 □ Never Married 2 □ Married 21215-0020 1 Yes 2 XXo Specify: by Specify: 3 ₩idowed 4 Divorced White 1946 Completed the Medical 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondary (0-12) College (1-4or 5+) 8th D.C. Dept of Schools Engineer Baltimore, Maryland permit. Pagas 1 and 2 should be file Department of Haelth and Mental Hy Important: If Item 27 is marked other any injury or other traumatic event since. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Charles Stein Lowe Mary Loretta Cox 19e. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 25414 Mary Loretta Robison 187 Tuscawilla Hills, Charles Town, W. Virginia 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1X Burial 2 ☐ Cremation 3 ☐ Removei from State 4 ☐ Donation 5 ☐ Other (Specify) Cedar Hill Cemetery July 6, 1996 Suitland, Maryland

22. Nome and Address of Facility Lee Funeral Home, Inc 6633 Old 21. Signeture of Funeral Service Licensee Alexandria Ferry Road, Clinton, Md 20735 23a. Pert1. Enter the disease, or complications that caused the state. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or hear feilure. List only one ceuse on each line. Approximate Intervai Between Onset end Death **Physician** /Medical cute respiratory Immediate Cause (Final disease or condition resulting in death) Examiner myocordied The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Lest and physician as the burial Box 68760. Physician/Medical 60 cercinone attending ŏ P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by cell 1 Yes 2 No 3 Probably 4 Unknown Cel ci noma Records. Be Completed by 24b. Were eutopsy findings available prior to 24e. Wes en eutopsy completion of ceuse of deeth? paga 2 2 No 1 🗆 Yes 1 ☐ Yes 2 ☐ No Division of Vital Physician: 25. Was case referred to medical 26. Plece of Deeth (Check only one) Hospitei: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funaral 27. Menner of Death 28e. Date of Injury (Month, Dev Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Aftar Hospital or Attanding Netural 5 Pending after daath. 1 Yes 2 No investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide 24 hours a 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the best of examination end/or investigation, in my opinion, death occurred et the time, dete and place, and due to the cause(s) end manner steted. To the Hospi within 24 hou To the Funal complataly fil edical 29a. Certifier 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier 29c. License number D042 Upper Man (bors Md 20772 30. Name, and eddress of person who completed HAMPALOUX Alaun 6. 31. Dete filed (Month, Day, Year) 1996 D. Fulia Davilson Randall State

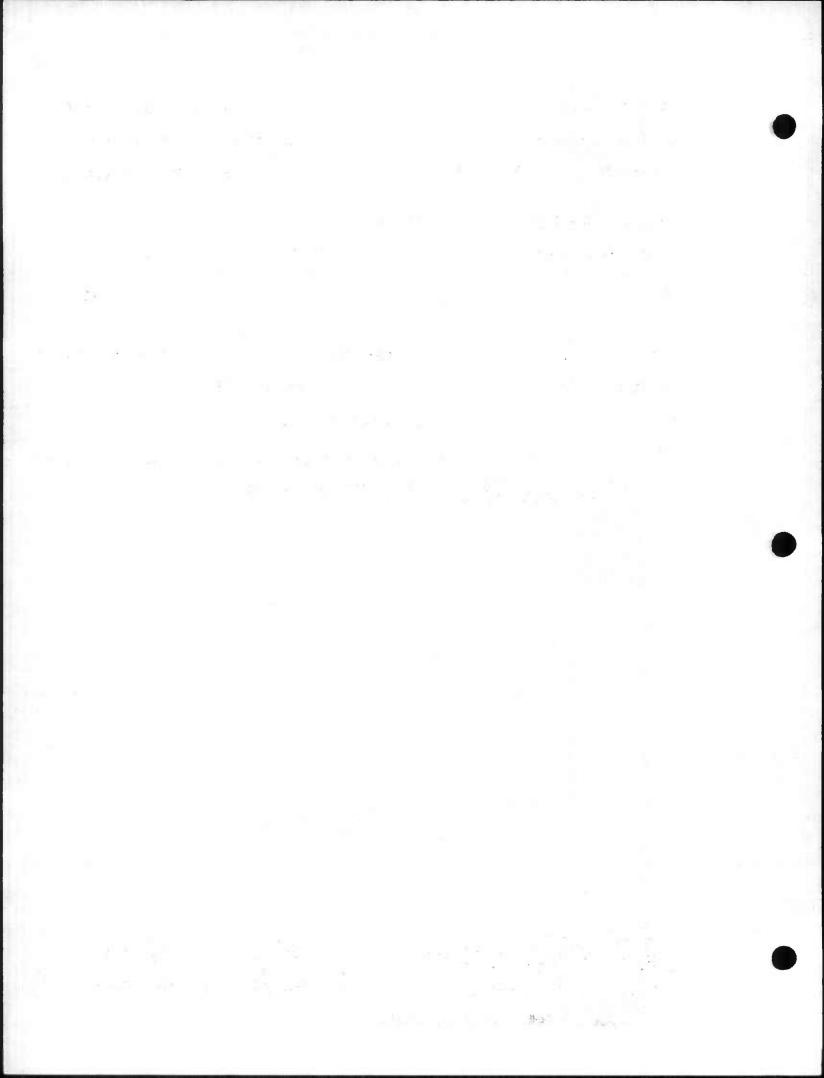
DHMH 16 Bev 6/95

Registrar

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State of Maryland / Department of Health and Mental Hygiene 96 21600

						Ce	rtificat	e of	Death			Reg. No.			
	Physic	ian	Decedent's Nama (First, Midd								2. Date of De Month	ath Day	Year	3. Time of De	ath
	/Medi		Esta Irene LAN	TZ							July		1996	9:40 p	. m.
)	Exami		4a. Facility Nama (If not institution	n, give streat and n	u <i>mber</i>)						ocation of Deat		County of Dea	ath	
			Homewood Retir	ement Cen	iter				t W	1111	amsport	V	Washing	gton	
	Funeral		5. Social Security Number	6. Sax 1 ☐ M 28 F		In yrs. lest birthday	Months	1 Year Days		24 Hrs. Min.	8. Date of Bir (Month, De	th	9. Bi	rthplaca (Stata or Fo	oreign
	Director		212-10-0073	ILIM ZEIF	10)1, Yrs.				11,000	Oct. 3	,1894	4 Ma	aryland	
	pu *		Usual Residence of Decedent 10a. State 10b. County		14	Oc. City, Town or L	conting							1.01.1.11.01.1	
	anyla	-	34.00		''									10d. Insida City L	
	B M	Sct C		hington		Hage	rstow				,			ULI TAS 21	7 140
	vith ti	Director	10e. Street and Number				10f. Zip		017/0			10g. Citiz	zen of What C	ountry?	
	ath v	Funeral	414 Mitchell A						21740				USA		
	er da Herm	une	11. Merital Status	12. Was De Armed F	orcas?	ar In U,S. 13.	Was Dece	dent of I cify Cub	Hispanic Ori oan, Mexicar	gin? (Sp 1, Puarto	ecify Yas or No Rican, atc.)	- 1	 Race - Am Black, Wh 		
20	within 72 hours after death with the Maryland Jena. I then "netural", or flems 23s or 28s-f show the Medical Examinar must be notified at	by F	1 Nevar Married 2 Mar 3 Widowed 4 Divorced	If Yes, G	2 (X) No liva		1 🗆 Yas	2 🔯 No	Specify:				Specify:	WHITE	
21215-0020	hour	D D			Dates:	400 Dan	de elle I levi	-10				105 101	4 (0.0)	#(1) (1)	
5	n 72	Completed	(Specify only highs	nt's Education st grade completed)	(Giv	dant's Usua kind of wo DO NOT u	rk done	during mos	t of work	ing	160. Kir	nd of Business	s/industry	
12	filed within Hygiana.	E C	Elemantary/Secondary (0-12)	College	(1-4or 5+)	mo.	opera		, a,			+ 4	el enhor	ne compan	37
	be filed stal Hygis d other avant, ii		17. Father'a Name (First, Middle,				opera		18. Mothe	er's Nam	e (First, Middie			ic compan	У
lan	should be filed of Mental Hyg marked other matic avant,	o Be	Daniel T. Lant								I. Mill		,		
Maryland	d 2 should th and Men 7 is marks traumatic	5	19e. informant's Name/Relations			19h Mail	Ing Address	Stree	t and Numbi	er or Rur	el Routa Numb	er City or	Town State	Zin Code)	
S	tra tra		Hazel Lantz				-					•		nd 21740	
a,	-755		20a. Method of Disposition			20b. Placa of Disp	osition (Ne	ma of		,	Date		cation - City o		
Baltimore,	Pagas nent of I nt: If its		1 ☑ Burial 2 ☐ Cremation		State	Doot Us				7.	13-96				nd
	it P		4 □ Donation 5 □ Other (S 21. Signetura of Fugural Service			Rest Ha			ess of Facilii		13-90	па	gerstor	wn,Maryla	IIu
Ba	permit. Pagas Department of Important: If is any injury or once.		21. Signatura of Pullar Service	LOW	77				UNERAI		ME				
			Con	11111	Un						.,Hager		n, Md.		
			23a. Pert1. Enter the disease, or shock, or haart failure. List	complications that only one cause on	each line.	a daath. Do not er	tar tha mod	de of dyi	ing, such as	cardiac	or raspiratory a	rrest,		Approximata Intervel Between	en.
	Physician		Immediate Occasion (Cont.)		M		,	1	il.		. ().			Onset and Dea	ıtın
18	/Medical Examiner		Immediate Cause (Final diseasa or condition resulting in death)	a	45P	INATION		1	pull	cu	SILU	6	~	MINUT	R
		<u></u>	vocating in deathy		Du	e to (or as a conse	quence of):	ī	0		O			1	
	per list	Examiner		b	NAT	314174	10	,	LUGA	n	JECNE	2770	un	MONTH	5
	erificata be executed ding physician and sa es the bunal-transit	xar	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that Initiated events	/) Du	e to (or as a conse	quence of):	1						11	
68760,	be e iclan bunis		causa. Enter Underlying Cause (Disease or Injury	c	DIT.	CAAL.	SCID	\mathcal{U}	104K	NE	77			7 CAN	
387	phys the	Medical	rasulting in death) Last	(Due	e to (or as a conse	quance of):		1					X	
×	ding sa es	/M		d	19 H	ellup	(3)	1	MIT	The	NS			DECADE	-5
8	death certificate be executed to attending physician and ad for use es the bunal-transit	clar		13.	4										
o.	the d	Physician	Part II. Other significant condition	ona contributing to	death but n	ot rasulting in the	inderlying o	ausa gi	ven in Part I		23b. Did	tobacco		e to the cause of d	
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State of Maryland / Department of Health and Mental Hygiene QC

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ector		213-24-7557 Usuel Residence of Decedent			66	Yrs.			0ct.16			yland
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the Medical Examiner must be notified at	5	MD Wast	hington			\h t						1 ☐ Yes 2 ☒ No
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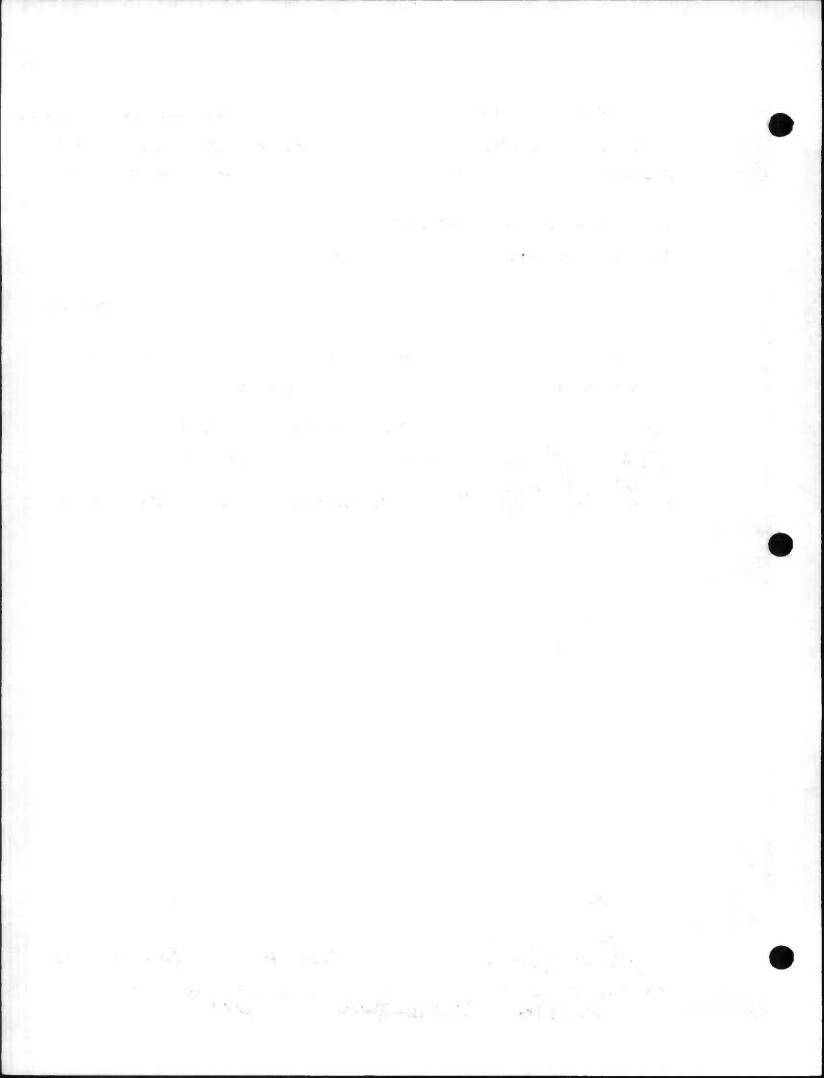
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						Certificate of	f Death	Re	g. No.	0 6.	1002			
	Division		1. Decedant'a Nama (First, Middla, La	st)				2. Data of Death Month	Day		Tima of Death			
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	Examir		4a. Facility Nama (If not Institution, giva street and number)				4b. City, Town, or	Location of Death	4c. County	of Death				
			Washington Co	ounty Hospi	ital		Hagerst		Was	hingtor	n			
	Funeral		Social Security Number 8. S	ax 7. Aga □ M 2□XF	(In yrs. last bir	Months Day		8. Data of Birth (Month, Day,	Year)	9. Birthplaca Country)	(Stata or Foraign			
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0	r Ren	F	1 Navar Married 2 Married	Armed Forcas? 1 ☐ Yas 2 ☒ N	lo	If Yas, specify C	uban, Maxicen, Puar	to Rican, atc.)	Blac	k, Whita, atc.				
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland f Heelth and Mental Hygiene. I theelth and Mental Hygiene than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Exertities that	by	3 Widowad 4 Divorced	If Yas, Giva Yaar or Datas:		1 □ Yas 2 🙀 N	lo Specify:		Specify	Whit	.e			
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10			20a. Mathod of Disposition 1 X Burial 2 ☐ Cramation 3 ☐	Ramoval from Stata	cem ata	y, cramatory or othar p	olace)	Data 2	Oc. Location -	City or Town, S	Stata			
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Bal	permit. Pages 1 a Department of Her Important: If item eny injury or othe once.		21. Signatura of Funeral Service Licer	ww	-	22. Nama and Add	Zumanal IIa	me						
Ξ	40200		23a. Part1. Entar tha disaasa, or com shock, or haart failura. List only	1/lun	nech	15 E. W.	ilson Blvd	. Hagersi	town. M	d. 2174	40			
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	Physician			41/4	1 1	1 1 4	1 1	. 0 1		Ons	sat and Death			
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-6	death certificete be executed e attending physicien and of for use as the burial-transit	Exa	Sequantially list conditions, if any, laading to immadiata	On	Dua to (or as a	consequence of	1 in wes	worl as	· Ma	f				
68760,	sicie bur		ceuse. Entar Undarlying Causa (Diseasa or Injury that initiated avants rasulting in death) Lest C. Dua to (or as a consequence of):							-				
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	the att	ted by Physician/	Physicia	Physicia	Physicia	Part II. Other significant conditions of	ontributing to death bu	t not rasulting in	tha undarlying ceusa	given in Part I.	23b. Dld tol	bacco use cor	ntributa to the	cause of death?
P.0	± 20 00					Mora	March	Dozen	at		1 🗆 Ye	e 2□ No	3 Probably	y 4 □ Unknown
	es that igned be det		A and a	Moreyt	1									
Records,	v require been si					,	•			24a. Was ar		24b. Wara a availabl	utopsy findings le prior to	
ecc	hes be	ple								complai of death	ition of ceusa h?			
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of V	S 00 D	ဥ	1 Yas 2 No	Hospital: 1 [341patier	± 2□ ER/Ou	tpatient 3 DOA	Othar: 4 🗆 Nursing I	loma 5 ☐ Rasida	nce 6 Oth	ar (Specify)				
	ding Ph h. After th funeral	ü	27. Manner of Death 1 CHatural 5 ☐ Pending	28a. Data of Injury (Month, Day	Year) 28b.	Firma of 28c. In	ijury at Vork?	28d. Dascribe ho	w injury occurr	ed				
sio	Attending or death. ector: After by the fune	cati	2 ☐ Accident investigation	0		M 1	☐ Yas 2 ☐ No							
Division	l or Attendated after death	Certification:	3 Suicide 6 Could not b 4 Homicide determined	28a. Place of Inju building, atc.	ry - At homa, fa . (Spacify)	rm, straat, factory, offic	ce	28f. Location (Str. City or Town		er or Aural Rou	ıta Number,			
	ital or urs after rel Dir lled in													
	To the Hospital or A within 24 hours after To the Funeral Direction completely filled in L	edical	2 Medical Exam	yelcien: To the best of niner: On the basis of	axamination an	, daath occurred at the d/or invastigation, in m	tima, data and place y opinion, daath occu	e, and dua to tha ce arred at tha tima, de	usa(s) and ma ita and piace, a	nnar as stated. and dua to tha	ceusa(s)			
	within 2 To the comple	Mec	29b. Signature and tyle of certified	and mannar stat	tad.	29c Lies	ansa number	25	nd Data sigher	d (Month, Day,	Year)			
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				State of Ma	aryland /		artment of tificate o		d Mental F	lygiene Reg. No.	96 2	21603
	Physic		Decedent's Neme (First, Middle, Last) SYLVESTER	LAND					2. Dete of Month	Death Dey	Yeer	3. Time of Death
	/Medi Exami		4a. Facility Nema (If not institution, giva	street end number)					, or Location of D	eath 4c. Cour	1996 hty of Deeth	07:48 PM
	Funeral Director	V		7. Ag	a (In yrs. lest 36	birthdey) Yrs.	If Undar 1 Yes Months Day	ar If Undar 24	ORE CITY Hrs. 8. Dete of Month, 10-1	BAL Birth Dey, Year) 2——1959	9. Birthplac Country Wilm.,	ce (Stete or Foraign
h the Maryland	with the Maryland a or 28a-f show Lbs notified at	Director	Usual Residence of Decedent 10a. State 10b. County MD		10c. City, To		cation	1		10g. Citizan o	10d	1. Inside City Limits 1 ☑ Yas 2 ☐ No
020	after death or items 23 miner must	by Funeral	8001 Pulaski Hwy A 11. Meritel Stetus 1 Never Marriad 2804Merried 3 Widowed 4 Divorced	pt. #3 2. Wes Decedant Armed Forces? 1 Yes 2 X If Yas, Give Year or Detes:			21241 Ves Decedent of Yes, specity Co		? (Specify Yas or uerto Rican, etc.)	USA No- 14. R B	ece - Amarican leck, White, etc	
215-0	hin 72 m nat	Completed	15. Decedant's Educ (Specify only highest grede Elementery/Secondery (0-12)	cation completed) College (1-4or 5		Sa. Deced (Give	ent's Usual Occ kind of work don OO NOT use reti	supetion ne duning most of ired)	working	16b. Kind of	Business/Indus	
Maryland 21215-0020	tal Hygi d other event, 1	To Be Con	12th 17. Fether's Nema (First, Middla, Last) Willie C. Land	-0-	-0- Window Cleaner Window State Window Window Loretta Carter				dle, Meiden Sum	Compai	ny	
	Pages 1 and 2 should rent of Health and Men rit: If them 27 is marke iry or other traumatic	Ţ	19a. Informent's Neme/Relationship (Ty) Anita Jones 20a. Method of Disposition 120 urial 2 Cremation		20b. Place	of Dispos fery, crem	. Union sition (Name of natory or other p	St. W:	ilm., De	19805 20c. Location	1 - City or Towr	n, Steta
Baltimore,	Department Department Important: any injury Once.		21. Signeture of Funerel Sarvide Ligans 23a. Part 1. Enter tha disease, or comples shock, or heart feilure. List only on	any	N	CO		rass of Facility	7/8/96 ME P.O.:	Box 2593	A	, De
ш	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)		Due to (or es	ИР	Oxemia.				10	hour
Box 68760,	death certificate be executed e attending physician and of for use as the burial-trensit	n/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disaase or Injury that initiated events resulting in daeth) Last		Due to (or as	ber	culos:	S				loay
O.	the state of	Physician/Me	Pert II. Other significant conditions conf	ributing to death bu	ut not rasulting	In the un	darlying cause	given in Pert I.		ld tobacco use o		he cause of death?
Rec	e law requires hes been sign ge 2 should be	Completed by		11					_ ре	'as en eutopsy prormed? ☐ Yes 2 No	availa	V
	Physician: The this certificate ral director, peg	Be	25. Wes case referred to medical examiner?	ospitel:					Deeth (Check on			7,0
ō	0 0	ation: To	27. Manner of Deeth 1 Netural 5 Pending investigation	28e. Dete of Injur					tome 5 ☐ Rasidence 6 ☐ Other (Specify) 28d. Describe how injury occurred			
-	さをきら !	Certification:	3 Suicide 4 Homlcide 6 Could not be determined 28e. Piece of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 28f. Locatio							n (Street end Nun Town, Stete)	nber or Rurel R	louta Number,
	To the Hospital of within 24 hours early To the Funeral D completely filled	edical	29a. Certifier 1 Certifying Physical Check only one)	clan: To the best of er: On the besis of and mannar sta	examinetion e	ge, deeth end/or inv	occurred et the astigation, in my	time, dete end p opinion, death o	lece, end due to t occurred et the tim	he ceuse(s) end r ne, date and place	menner es stete e, end due to th	ed. na cause(s)
	Tot	×	290. Signature and 100e of certifier	mo				16/56			ned (Month, De	
	,		30. Name and address of person who or	reference of description of the state of the	eath (Item 23e) (Type, F	Print)	KAITIM	ore n	10 21	287	

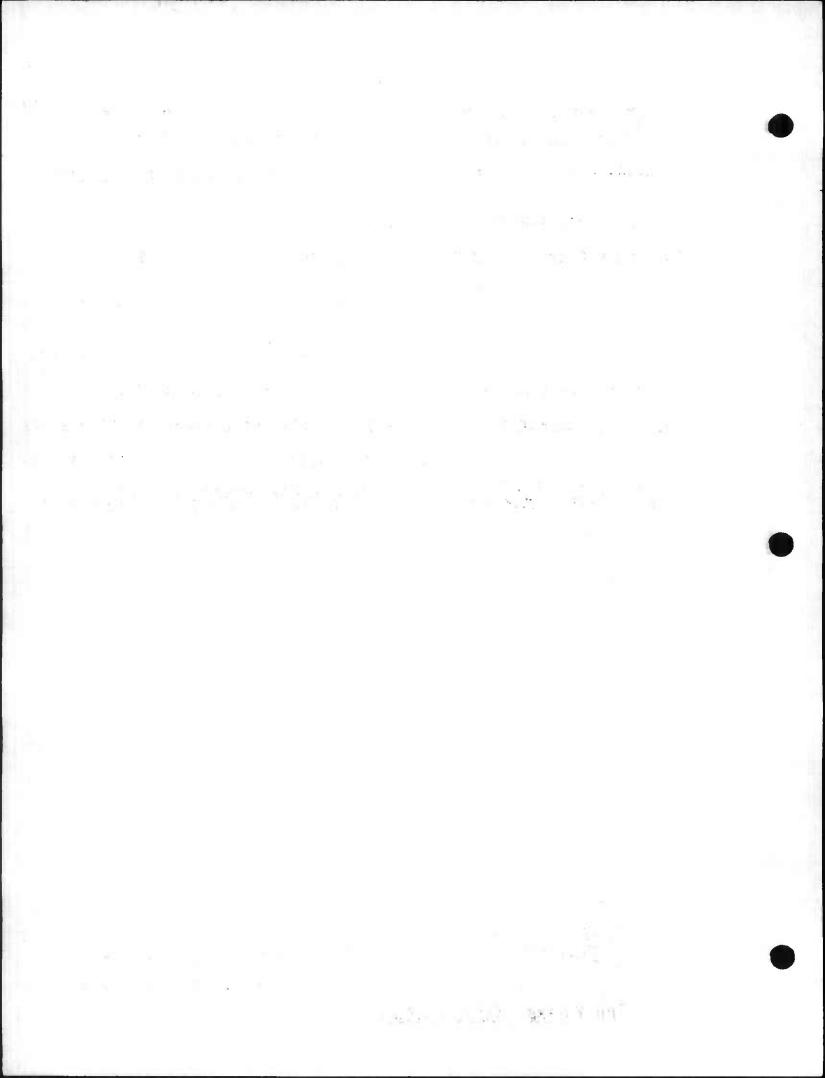
Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 3. Tima of Death 2. Data of Deeth Day **Physician** 20:49 MARY FRANCES LANCASTER /Medical 4a. Facility Neme (If not Institution, giva street and number) 4b. City, Town, or Location of De 4c. County of Deeth Examiner WASHINGTON COUNTY HOSPITAL HAGERSTOWN WASHINGTON If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth (Months Days Hours Min. (Month, Dey, Year) 5. Social Security Number 6. Sax 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** Months 1 M 2 XF 215-18-2651 Yrs Director MAY 23,1915 MARYLAND Usuel Residence of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location ir than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits Directo MARYLAND WASHINGTON 1 Ves 2 □ No HAGERSTOWN 10e. Street and Number 10f. Zin Code 10g. Citizen of Whet Country? filed within 72 hours after deeth with Hygiene. 241 SOUTH PROSPECT STREET 21740 U.S.A. Funeral 12. Was Dacedenl Ever in U,S. Armed Forces? 1 Yes 2 No If Yas, Giva 13. Was Dacedant of Hispanic Orlgin? (Specify Yas or No-lf Yes, specify Cuban, Maxicen, Puerto Rican, etc.) 11. Maritel Status 14. Race - Amarican Indien, Bleck, Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2√☐ No Specify Specify: WHITE P it Yas, Giva Yaer or Dates: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decadent's Education (Specify only highast grada completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry than . Elementery/Secondery (0-12) College (1-4or 5+) PHOTOGRAPHY STUDIO SALESPERSON nd 2 should be filed value and Mental Hygie 27 Is marked other r traumatic event, II 17. Fathar's Name (First, Middla, Last) 18. Mother's Nema (First, Middle, Meiden Surnama) Be JOHN LUTHER LANCASTER 0 MARY JULIA HUMPHREY 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2 st Department of Health and Important: If Item 27 Ia m any Injury or other traun once. 1037 VIEW STREET HAGERSTOWN, MARYLAND 21742 JULIA L. LANCASTER 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1X Buriel 2 ☐ Cremetion 3 ☐ Ramoval from Stata REST HAVEN CEMETERY 07-10-96 HAGERSTOWN, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licanson 22. Neme end Addrass of Facility ANDREW K. COFFMAN FUNERAL HOME, INC. 40 E. ANTIETAM ST. HAGERSTOWN, MARYLAND 21740 23a. Part1. Enter the disaase, or complications thet causad the daath. Do not enter the mode of dying, such es cardiec or raspiratory arrast, shock, or heert feilure. List only one ceuse on each line. **Physician** /Medical Immediete Causa (Finel diseese or condition resulting In deeth) y weeks 2120 **Examiner** Due to (or as e consaquence of): Examine weumme The law requires that the death certificate be executed attending physician and for use es the bunel-transit Sequentially list conditions, if any, leeding to immediata cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) Biston Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of): ed by the a Pert II. Other significant conditions contributing to death bul not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown signed b by been si 24b. Ware eutopsy findings available prior to completion of causa of deeth? 24e. Was en autopsy performed? Completed hes certificate 1 ☐ Yes 2 1 No 1 ☐ Yes 2 ☐ No the Hospital or Attending Physicien: hin 24 hours efter death. Be 25. Wes case referred to medical examiner? 28. Place of Deeth (Check only one) Hospitel: 1 Yas 2 No 1 Denpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 2 ER/Outpetlent 3 DOA this 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred After 1 Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident within 24 hours efter death To the Funeral Director: / completely filled in by the 6 Could not be determined 3 Sulcide 28e. Piece of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1. Certifying Physician: To the best of my knowladge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner es steted.
2. Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, dete and plece, and due to the ceuse(s) and menner stated. Medical 29a. Certifier 29b. Signature and title of 29c. Licansa number 29d. Dete signed (Month, Day, Year) 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Hill Ave Hag. md. Dak 1282 Da 31. Data filed (Month)

DHMH t6 Rev 6/95

State Registrar



Pages 1, 2, 3 should

permit.

lirector, page 5 should be detached for use as the burial-transit

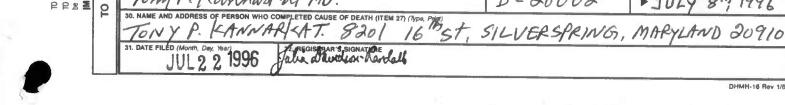
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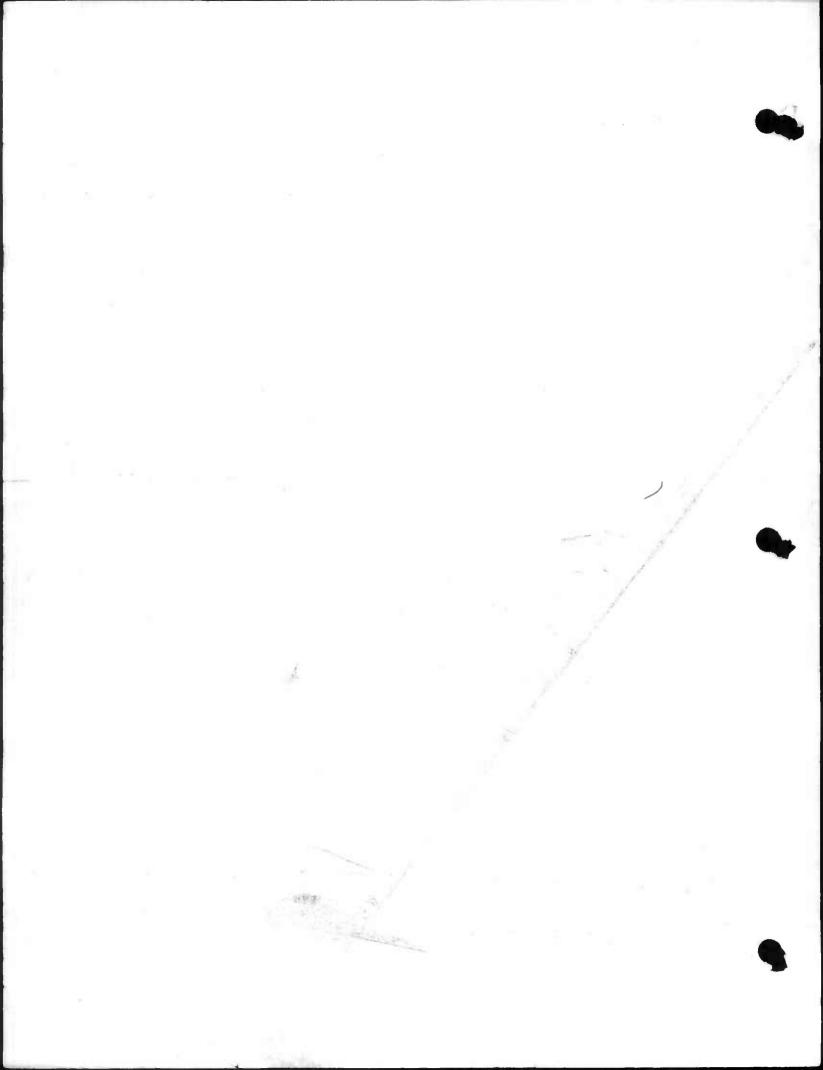
BALII	eath. Pa	uneral	amine
0	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Pa	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
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21605 96 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ELIX PM 7:00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) (Month, Day, HOURS 12 € M 2 - F YRS. 3/25/67 579 13 2636 WASHINGTON, DC 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR WASHINGTON ADVINTIST HOSPITAL TAKOMA PARK 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY GAITHERSBURG PRINCE GEORGE'S 1 YES 2 | NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7900 SPICEBERRY CIRCLE APT.J USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
 Wes. specify Cuban. Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TO NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married if yes, specify Cuban, Mexican, Puerto Ricar 1 ☐ YES 2 💢 NO Specify: BY 3 Widowed 4 Divorced Specify: BLACK ETED. 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig College (1-4 or 5+) COMPL 12 STUDENT 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ FELIX LAWAL SR **BE** ADIOLA ADENIJI notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6 ADIOLA ADENIJI 7900 SPICEBERRY CIRCLE #1 GAITHERSBURG.MD must be 20a. METHOD OF DISPOSITION

1X Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata GLENWOOD CEMETERY 7/17/96 4 Donation 5 Other (Specify) WASHINGTON, DC examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MORROW & WOODFORD FUNERAL HOME 0-11 ay in 1622 11th ST NW WASHINGTON, DC 20001 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiretory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disesse or condition AIDS YRS resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Pollumonia
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL shows any 1 | YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem HOSPITAL: OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) marked, or 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 26c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 COMPLETED 6 Could not be 4 Homicide 28 Hem 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER D - 20062 29d. DATE SIGNED (Month, Pay, Year)

JULY 89 1996 BE Tom P. Kannastat





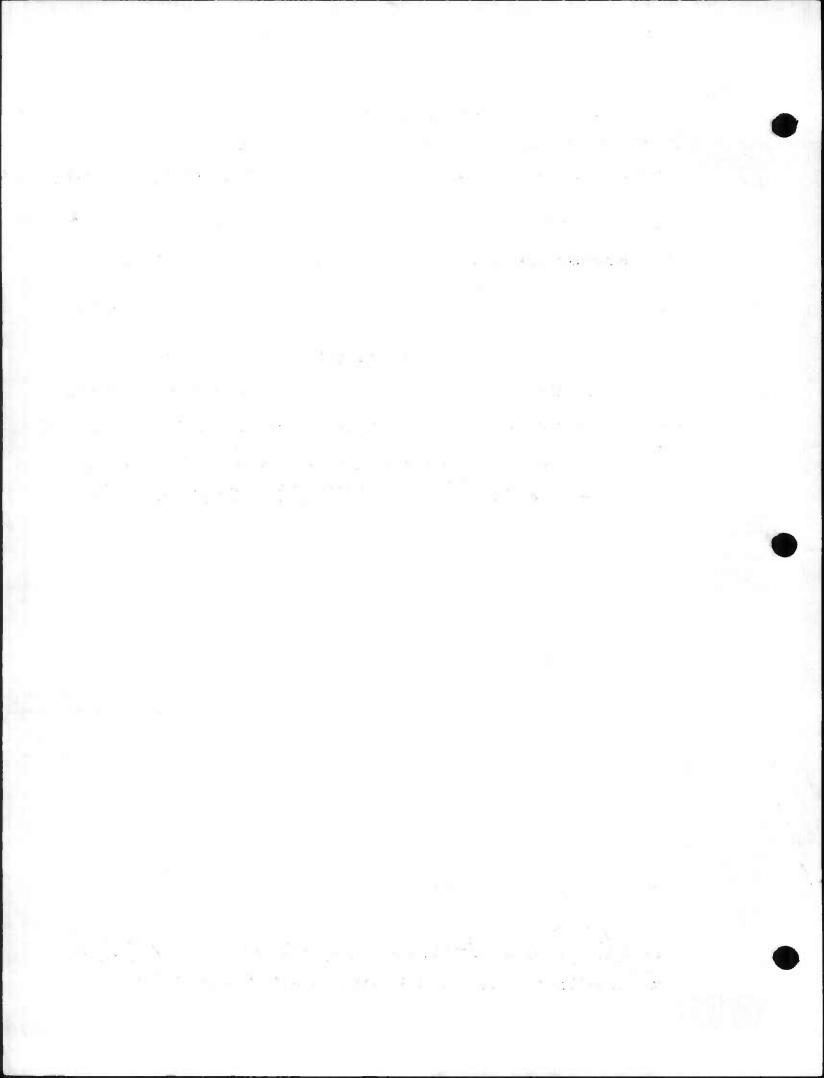
State of Maryland / Department of Health and Mental Hygiene

21606 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Edwin Lawton 19910 11. DYA.M July /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Charles County Nursing Home La Plata Charles If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 8. Date of Birth (Month, Dey, Year) 9. Birthplece (Stete or Foreign Country)
October 10, 1913 Pennsylvani 7. Age (in yrs. lest birthdey) **Funeral** 1**X**M 2□ F Deys Yrs. Director 178-09-1868 Usuel Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or flems 23a or 28a-f show traumetic event, the Medical Examinar must be notified at 1 Yes 2 No Directo Maryland Charles La Plata 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 205 Morgans Ridge Ct. Funerai 20646 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No if Yes, Give Yeer or Detes: 14. Rece - American Indien, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) filed within 72 hours aftar 1 ☐ Never Merried 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2] No Specify: Specify: þ 3 ☑ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind ot Business/Industry al Hygiena. Elementery/Secondery (0-12) College (1-4or 5+) U.S. Navy Accountant permit. Pagas 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked other any Injury or other traumatic event, OMGR. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) John Orr Lawton 2 Lulu Marie Newcomer Lawton 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Edwin C. Lawton, Jr. 205 Morgans Ridge Ct. La Plata, MD 20646 20b. Pleca of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 7716 1 ABuriel 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Bellerive Heritage Garden Crevecoeur, MO 22. Name end Address of Fecility
Arehart-Echols Funeral Home, 21. Signeture of Funerel Service Licenses M00817 P.O. Box 567 La Plata, MD 20646 23a. Pert1. Enter the dileese, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart timilize. List only one cause on each line. Physician /Medical Immediete Ceuse (Finel diseese or condition resulting in deeth) Examiner Examiner igned by the attending physician and be datached for use as the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Box 68760 cartificata be Physician/Medical Due to (or es e consequence of) P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy tindings Completed 24e. Wes en eutopsy available prior to completion of cause of death? cartificata has 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case reterred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 funeral To the Hospital or Attending Ph within 24 hours aftar death. To the Funeral Director: Aftar th completaly filled in by the funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide Plece of Injury - At home, term, street, tactory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide t☐ Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end plece, end due to the ceuse(s) end menner stated. 29e. Certifier Medical (Check only one) 29b. Signature and title of certifie 29c. License number 29d. Dete eigned (Month, Dey, Year) (Jum) 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)
Paul E. Pritchett, Sr., M.D. 118 LaGrange Avenue LaPlata, MD 31. Dete filled (Month, Dey, Year) 32. Registrer's Signature State 1996 John Davoler Randall Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 0.6

		1. Decedant's Nama (First, Middla, L	RS()	Oblitio	ate of Death	2. Data of Daati	g. No.	3. Tima of Death				
hysici			ODY LEWI	·c		Month 07–06	Day	Yaar 2125				
/Medic Examin	_	4a. Facility Nama (If not institution, g		.0	4b. City, Town, o	r Location of Death	4c. County					
. Adiiiii		PENINSULA REGIONA	L MEDICAL CENT	ER	SALISBUR	XY.	WICOM	ICO				
ineral rector		220-08-2149	Sex 1 □ M 2 □ F 7. Aga (In yrs.	last birthday) If Un Monti	dar 1 Yaar If Undar 24 H ns Days Hours Mi		Year) 80	9. Birthplaca (Stata or Foreign Country)				
show	-	Usual Rasidanca of Dacedant 10e. Stata 10b. County	nerset 100. CI	ty, Town or Location	/ /			10d. Inside City Limits 1 🛣 vas 2 🗆 No				
a or 28a-f	10e, Street and Number 10f, Zip Coda 10g, Citizan of What Country 10f, Zip Coda 10g, Citizan of What Country 11, Marital Status 12, Was Dacedant Evar in U.S. Armed Forcas? 1 Yas 2 No It Yas, Specify Cuban, Maxican, Puarto Rican, atc.) 14, Race - Amarican Black, White, at Specify: 1 Yas 2 No It Yas, Given Yar or Datas: 1 Yas 2 No Specify: Specify:	•										
TR 23	era	11. Marital Status		1.S. 13. Was De	cedant of Hispanic Origin?	Specify Yas or No-	14. Rac	ce - Amarican Indian,				
CXAMINE		1 Nevar Married 2 Married	1 ☐ Yas 2 No If Yas, Giva		N.4	arto Rican, atc.)	Bla	ok, Whita, atc.				
fical s	ted	15. Dacedent's E	ducetion	16a. Decedant's U	sual Occupation	metrin e	16b. Kind of B					
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r trau		19a. Informant's Name/Relationship	(Type, Print)	19b. Malling Addr	ass (Straat and Number or	Rural Routa Numbar,	City or Town	Stata, Zip Code)				
othe		20a. Method of Disposition	11.5 - [14] MILY 20b.	Place of Disposition (Vama of	Data, 2	Oc. Location	City or Town, Stata				
7 0			JRamoval from Stata	1-1-11	or other place)	7/13/96	Hans	- well MI				
any inju		TOPECE I CEINGIEI Y										
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ician		23a. Part 1. Enter the disease, or con shock, or heart failure 1 in one	ona causa on aach lina.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	as or raspiratory arro		Interval Batween Onset and Death				
dical niner		Immediata Causa (Final disaasa or condition	CLOSED HEAD	INJURY				3 HRS				
3343		resulting in death)	a	or as a consequence	of):							
nsit	Examiner		b. TRANSPORTAT	ON ACCIDE	NT							
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ched for		Part II. Other significant conditions	contributing to death but not res	uiting In the underlyin	g causa givan in Part I.			ntribute to the cause of death?				
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should be						24a. Was ar perform	autopsy ned?	24b. Wara autopsy findings available prior to completion of causa of death?				
his cer il direc	E O					1 □ Ye	s 20XNo	1 Yas 2 No				
	25. Was casa refarred to medical axaminar?	Hospital			eath (Check only ons	a)						
	⊢⊦	1 X Yes 2 No 27. Mannar of Death	Hospital: 1 Nampatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury Work? 28c. Injury at Work?									
e funer	ertification:	1 ☐ Natural 5 ☐ Panding 2 ☒ Accidant invastigation	28a. Data of Injury (Month, Day Year) on 07–06–96	tnjury 1817 M								
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completely filled	edicai	29a. Cartifiar 1☐ Certifying Processing (Check only one) 2☑ Medical Example 1	nysician: To the best of my knominer: On the basis of axamine and mannar stated.	wledga, daath occurr tion and/or invastigat	ed at tha tima, data and pla on, in my opinion, daath oc	ce, and dua to tha ca curred at tha tima, da	usa(s) and mate	annar as stated. and due to the cause(s)				
comple	We	29b. Signatura and titla of certifiar	wite maintai states.		29c. Licansa number	29	d. Data signe	d (Month, Day, Year)				
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	- 1	Home	mentan	D.M.E.	003599	- 0	7-07-9	0				

JOHN T. BULKELEY M.D., 108 PINE BLUFF ROAD, SALISBURY, MD 21801
31. Data filed (Month, Day, Yaar)
32: Registrates Signature
32: Registrates Signature

State Registrar

		Decedant's Nama (First, Middla,	Last)		Cer	tificate of	f Death	2. Data of De	Reg. No.	3. Tima of Death			
Physicia /Medic	al	MARY SUSAN 4a. Facility Nama (If not institution,	(WIMER)	L'AC'	Υ		4b. City, Town, or L	June	22, 19	996 5:20 PI			
Examin	er	MEMORIAL HOS		ber)			CUMBE!			EGANY			
uneral rector				'. Aga (In yrs. I		If Under 1 Yea Months Deys	r if Undar 24 Hrs.	8. Data of Bir (Month, Da	th y, Year)	9. Birthplaca (State or For Country) WEST VIRGIN			
3		Usual Rasidance of Dacedant 10e. State 10b. County		10c City	, Town or Loc	cation				10d. inside City Lir			
or 28a-f show re notified at	tor		GANY		UMBERI	,				1 💢 Yas 2 🗆			
at be not	Funeral Director	10e. Street and Number 135 N. MECHA	ANIC STR	EET,	#801	10f. Zip Code 215 (10g. Citizan of V				
d other than "natural", or flems 23s or 28s-f show event, the Medical Examiner must be notified at	by Funer	11. Marital Status 1 Nevar Married 2 Marrier 3 Widowed 4 Monorced	12. Wes Deced Armed Ford 1	as? No	if	13. Was Decedant of Hispanic Origin? (Specify Yas or No if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 1 □ Yas 2 🌣 No Specify:			- 14. Red Bia	ee - Amarican Indian, ck, Whita, atc.			
netural.		15. Decedant's	Education		16a. Deced	ant's Usuai Occi	upation	kina .	16b. Kind of B	usinass/Industry			
The Med	Completed	15. Decedant's Education (Specify only highast grada complated) Elamantary/Secondary (0-12) UNKNOWN 16a. Decedant's Usual Occupation (Givs kind of work dona during most of lifts. DO NOT usa ratired) PASTRY CHEF					(ing	A.B.L'.					
	To Be	17. Fether's Neme (First, Middla, Le ALBERT WIMEI					SUSAN	HARPE					
2 6		19a. intormant's Name/Raiationship ROBERT M. La					at and Number or Rui						
any injury or other tr		20a. Mathod of Disposition 1 🛱 Burlai 2 ☐ Crametion 3	☐Ramoval from Si	CE	ace of Dispos	sition (Nama of atory or other pi	(ace)	Data	20c. Location -	City or Town, Stata			
any injur once.		4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Facility GEORGE – UPCHURCH							I HOME	РΔ			
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niner	-ie	<u>-</u>	disease or condition resulting in death)		Dua to (or	as a consequ	uance ot):	OF CECUM			2 Mont		
ansit	Examiner	Sequentially list conditions	b. CARCI			12 Mont							
urial-t	EX	Sequentially list conditions, if any, leading to immadiata cause. Entar Undarlyling Causa (Disaasa or injury that initiated avants			P								
enending prysician and I for use es the burial-transit	Medical	that initiated avants rasulting in death) Last Dua to (or es e consequance of):											
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				DIABETES ME						23b. Did tobacco use contribute to the cau 1 Yes 2 No 3 Probably 4		3 Probably 4 Unkr	
has been signed 2 should b	Completed						-		an autopsy rmad?	24b. Wara autopsy finding evailable prior to completion of cause of death?			
rector, page	Com							10	Yas No	1 ☐ Yas 2 ☐ No			
ector,	Be	25. Was casa ratarred to madical examiner?	Hospitai:				26. Place of Deal	th (Check only o	ona)				
ineral di	tlon: To	mpatiant 2 EH/Outpetlent 3 DOA 4 Nursing							ne 5 Residance 6 Othar (Specify) 28d. Describe how injury occurred				
Director:	Certification:							28t. Location (2 City or Tox	Straat and Numb vn, Stata)	ber or Rural Routa Number,			
5			Phyaician: To tha b	est ot my know	vledga, daath	occurred at tha	tima, data and place,	and dua to tha	causa(s) and ma	annar as stated.			
	edicai	29a. Cartifiar (Check only one) 1 Certifying 2 Medical Ex	aminer: On the bas and manns	is of axaminati	on and/or invi	astigation, in my	opinion, daath occur	red et tha tima,	data and placa,	end due to the ceuse(s)			

32. Pagistrar's Signatura

JUL 0 8 1996

Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

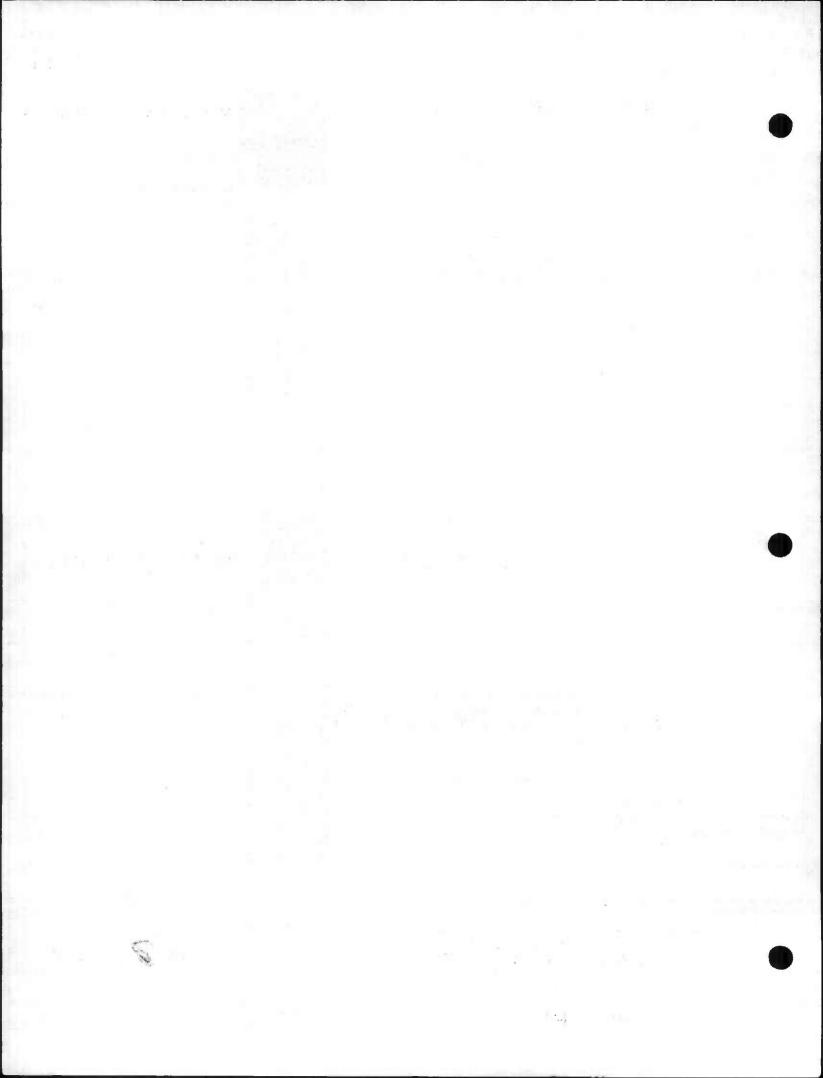
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	Director		218-16-4 Usuai Rasidenca o	P		71		113.				Dec 6,	1924	MIL	,	
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	Mery	ţō	MD	Allegar	ly		Cum	ber	land						⊅ C] Y	as 2□No
	7.28e	Director	10e. Street and Nu				-		10f. Zip Coda				l0g. Citizan of	What Cour	ntry?	
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20	2 should be filed within 72 hours effer death with the Meryland end Mental Hygiene. Is marked other than "natural", or itema 23a or 28a-f show aurmatic event, or a Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Navar Marr 3 Widowed	ried 25 Married	If Yas, Gi	orcas? 2 ☐ No			Vas Dacedant of Yas, specify Cul		in? (Spe Puarto F	cify Yas or No- Rican, atc.)	14. Ra Bia Specii	ce - Amaric ck, Whita, 'y:		
9	2 hou	8	02111001100	15. Decedent's		varas. VVVV		Deced	ent's Usuel Occi	ination			16b. Kind of B			
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Baltimore,			20a. Mathod of Dis 1 Burial 2	position Cramation 3	☐Ramoval from	Stata	cematar	y, cram	sition (Nama of natory or other pl			Data	20c. Location		-	
ŧΪ	tment tant:		The second secon	5 Other (Spec			Mt. He	-	ın Cemet			7/05	Cumber	Land	, MD	
Bal	permit. Pages Department of Important: If it any injury or once.		21. Signature of Fu	unaral Sarvice Lic	ensee A	110	ila	22.	Scarpel Cumberl							
	Physician /Medical		23a. Part Entar t shoot or hee	(Final								r raspiratory an	ast,		Approxin Interval E Onset ar	Between nd Death
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0	the des	sic	Part II. Other signif	fcant conditions	contributing to de	eath but no	ot rasulting in	tha un	darlying causa g	ivan in Part I.		23b. Did to	obacco use co	entribute to	the caus	e of death?
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ion	Attending P ir death. ector: After t by the funera	atlon:	27. Manner of Deat 1 X Netural 2 ☐ Accidant	h 5 □ Panding invastigati	28a. Deta (Mon	of Injury th, Day Ye	28b. T	ima of njury	M 1	uryat ork?]Yas 2 □ N-		8d. Dascribe h	ow injury occur	rred		
Division	al or Attend s after death il Director: A ad in by the f	Certification:	3 ☐ Sulcida 4 ☐ Hornicida	6 Could not datamine	28a. Place	of Injury - ing, atc. (S	At homa, fa	rm, stre	et, factory, office		2	8f. Location (S City or Tow		ber or Aura	al Routa N	um <i>ber</i> ,
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	within 2 To the comple	ž	29b. Signature and	Ma of certifiar					29c. Licen	sa number		4	9d. Data signe	ed (Month,	Day, Year)
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	In		30. Nama and addre			se of deeth	(Itam 23e) (Type, P			venu			/		
_	145		Dr. Sunil	Gupta,								-		2150	2	
	Sta Registr	_	31. Data filed (Moni	th, Day, Yaar)	32. R	Registrar's	Signatura Ruskon	Rord	al!							

and the same of the same

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amended# 10f, 7/5/96, Nos, Allegany County State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** WILLIAM CHARLES LOLAS JULY 1996 4 11:55 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Cumberland Allegany Sacred Heart Hospital H Under 1 Year If Under 24 Hrs. 6. Date of Birth (Month, Day, Year)
Months Days Hours Min. May 2,1915 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foraign **Funeral** t € M 2 F Months 029-01-2534 81 Yrs. Director Connecticut Usual Rasidence of Decedant Peges 1 and 2 should be filed within 72 hours after deeth with the Meryland nent of Heath and Mental Hygiene.
Instit if then 27 is marked other than "natural", or items 23s or 28s4 show mit: if item 27 is marked other than "natural", or filems 23s or 28s4 show may or other trainmate event, its Medical Examiner man be notified at Maryland Allegany 10d. Inside City Limits Cumber Land Yas 2□No Director 10g. Citizen of What Country? 10e. Street and Number 701 Furnace Street Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas XXNo if Yas, Giva Yaar or Datas: 11 Marital Status Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 1 Never Married 2 Married Specify.White Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Director Insurance 12 18. Mothar's Name (First, Middle, Maidan Surname) Angeline Cotelu 17. Father's Nama (First, Middle, Last) Be William Lolas Angeline 10 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 701Furnace St., Cumberland, Md. 21502 Janette Lolas-Wife 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata permit. Pege Department of Important: If any Injury or once. Cumberland CrematoryJuly 5,1996 Cumberland, Md. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licenses 22. Nama and Addrass of Facility Eichhorn-McKenzie Funeral Home 23a. First, Enter the disease, or complications the caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death Physician Adeno carcinoma ofector, metastatic to langualtures /Medical Immediata Causa (Final disaasa or condition rasulting In death) Examiner Due to (or as a consaguance of): Physician/Medical Examiner requires that the death certificate be executed physician and the burial-transit Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Cause (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): P.O. Box 68760. Dua to (or as a consequence of): signed by tha e Part II. Other eignificent conditione contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? Obstructive philmonary disease 1 Yes 20 No 3 Probably 4 Unknown Division of Vital Records, þ 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of ceusa of death? I ransitional cell carcinomy of unings bladde Atheroschertic coronary artery disease 1 Yas 20 No 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: 2 ER/Outpatient 3 DOA Lo 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) After this 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Natural 5 Panding invastigation aftar deeth. 1 Yas 2 No 2 ☐ Accident 6 Could not be 3 ☐ Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicide 24 hours a Hospital 29a. Cartifiar 🗠 Certifying Phyeiclan: To tha bast of my knowledge, death occurred at the time, data and place, and dua to the causa(s) and mannar as stated. Medical To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and tilling of certifian 29d. Date signad (Month, Day, Year) D21488 limo JULY 30. Nama and address of person who completed causa of daath (Item 23a) (Type, Print) Deulis 20 Douglas Ave, Langering, md 21539 homas us D. 3% Registrar's Signature 31. Data filed (Month, Day, Yaar) JUL 05 Registrar

DHMH 16 Rev 6/95

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DIRECTOR

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CERTIFICATION

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IMPORTANT

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physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit I		
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NG PHYS	ter this	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, or	STANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 1996 Robert July 6:35 PM Norton Leverage 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER T YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH M 2 DF YRS. 221-09-5566 81 April 2, 1915 Kansas 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Wesleyan Health Care Center Denton Caroline RESIDENCE OF DECEDENT 10b. COUNTY toc. CITY, TOWN OR LOCATION 10a STATE 10d. INSIDE CITY Maryland Caroline Denton 1 YES 2 XNO 10. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 25145 Adams Landing Road 21629 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 XMarried 1 YES 2X NO Specify: Specify: 3 Widowed 4 Divorced WW II Caucasian COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) Salesman Automobile 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) John R. Leverage Viola Elizabeth Norton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) William N. Leverage 9409 Shouse Drive, Vienna, Virginia 22182 Son 20b. PLACE AND DATE OF DISPOSITION (Neme of competery METHOD OF DISPOSITION DATE 20c. LOCATION — City or Town, State 20a, METHOD OF DISPOSITION

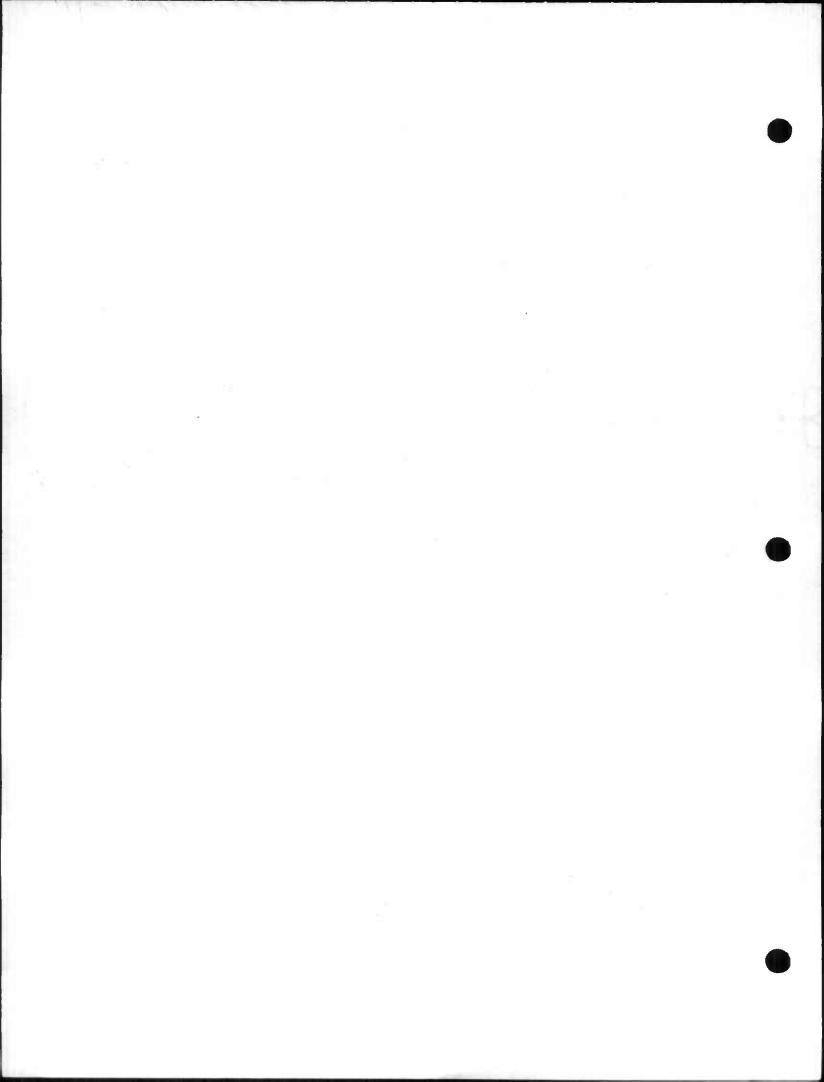
1 K Burial 2 Cremation 3 Removal from Stata Slaughter Neck Methodist 4 Donation 5 Other (Specify) 7/5 Argo Corners, Delaware 21. SMIRATURE OF FUNERAL SERVICE LICENSES MOORE EUNERALHOME, P.A. MOORE EUNERALHOME, P.A. 12 SOUTH SECONDST. DENTON, MOD 21629 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition COPD resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🔁 NO 🗌 UNCERTAIN 🗎 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:

**Plursing Home * Residence 6 Other (Specify) 1 YES 2 2-40 Inpetient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 PNatural 5 Pending Investigation 1 YES 2 NO 2 Accident 26a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ee stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 3213 Sprouse M.D. OF DIOCONAto Drive, Chester, 21619 Maryland A1/2 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE

The Davidson-Rando 00

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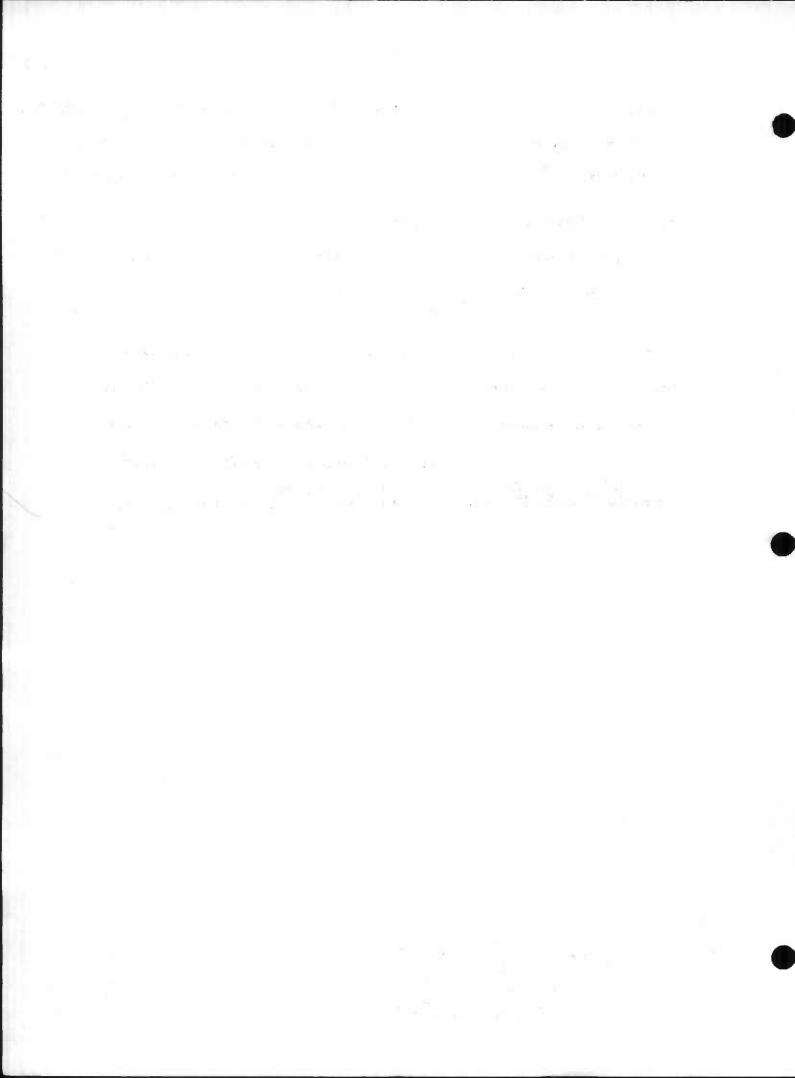


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	/Medi Examir		4a. Facility Nama (If not Institution, giva	straet and number)				12	b. City, Town, or	Location of Death	4c. Count	y of Death	10.00
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Ya	should be ind Mental marked o	2	WILLIAM R. JONES						RITA A	NN SMITH			
Maryland 21215-0020	2 m m m		19a. Informant's Name/Ralationship (Ty	pe, Print)			A THE LOCAL			ural Routa Number,			
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	tal or Att	Certific	3 Suicida 6 Could not be 4 Homicida datarmined	28a. Place of Injubuilding, etc	iry - At homa :. (Specify)	a, farm, stra	aat, factory,	office		28f. Location (Sti City or Town	reet end Num , Stata)	ber or Aura	al Routa Number,
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State of Maryland / Department of Health and Mental Hygiene

96 21614

						Cer	tificate of	Death			Reg. No).		- 1 -	1 1
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Physicia /Medic		LEON				M	EINSTER			June 29			I dal	7:32	P.M.
Examin		4a. Facility Name (If not institution, gh	va street and nu	mber)				4b. City, To	wn, or Lo	cation of Deat	h 4c.	. County o	of Death		
		1706 Carver Squa	re					Sali	sbur	СУ		Wic	omic	0	
Funeral			Sax	7. Age	(In yrs. lest bir	thday)	If Under 1 Year			8. Data of Bir	th Your		9. Birthpi	ece (Stete o	or Foraign
Director		219-01-5959	12⊠M 2□F	80)	Yrs.	Months Days	Hours	Min.	(Month, De April 2	3, 191	16		yland	
		Usual Residence of Decedant													
item 27 is marked other then "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notated at		10a. Stata 10b. County			10c. City, Tow	n or Loc	cation						10	od. Inside C	ity Limits
E S	5	Maryland Wicom	ico		Sa	lisl	bury							1 Yes	2 🖾 No
500	Director	10e. Street end Number					10f. Zip Code				10g. Cit	tizen of W	het Count	iry?	
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	-	19e. Informent's Neme/Reletionship (Type, Print)		19b	Meilin	g Address (Stree	t end Numbe	er or Rura	I Route Numb	er City o	or Town !	State Zin	Code)	
		Gwendolyn M. Me					Carver								
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	≌	3 ☐ Sulcide 6 ☐ Could not b	Zoe. Fleca	of Injury	y - At home, fe	rm, stre	et, fectory, office		- 1	28f. Location (City or To			r or Rurai	Route Nun	nber,
	Certification:		Duildi	ng, etc.	(Spacify)					July Of 10	, <i>State</i>	-/			
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		29b. Signeture end title of certifier	0	76		-	29c. Licen	se number			29d. Da	ite signed	(Month, L	Dey, Year)	
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1. 6	1	30 Name and address of account	nomplated 5	17	uh (lace on :	Turn .	Driet)	11107				(111	160		
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CA		30. Name and edgress of person who Thinks A. Chiffe 31. Date filed (Month, Dey, Year) JUL U2 199	30 0	/C	Signature	= /0,	LUPPIC	Les e	1/2	JANI	5,000	12/	1010	0(16	0
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month 140C 1996 Beau 0 Jul a /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SALISBURY WICOMICO PENINSULA REGIONAL MEDICAL CENTER If Under 1 Yaar If Undar 24 Hrs. 8.

Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foraign Country) **Funeral** 1 M 2□ F 233-14-1428 Usual Residence of Decedent Yrs. Director VOV the Maryland 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at comack Va. Lincoteague 1 Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pegas 1 and 2 should be filed within 72 hours aftar death with a Department of Haaith and Meniel Hygiana. Important: If filem 27 is marked other than "natural", or items 23a cr ? any injury or other traumatic event, the Manager of thems 23a cr ? 827 23336 by Funeral 14. Race - American Indian, Bleck, White, etc. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 X Yas 2 No
If Yes, Give
Year or Dates: WWII 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: WK, TE 3 Widowed 4 □ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Pocomoke Elementary/Secondary (0-12) College (1-4or 5+) MeaTcutter 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumame) Be Maude Mae Messer Mutter P e 19a. tnformant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Virginia Beach Daugther 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date Salisbur 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from State 7-3-46 Sulisbury Crematory 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Addrass of Facility
6327 Church St, 21. Signature of Funeral Sarvice Licensee Chicoteague Va 23350 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disaasa or condition resulting in death) **Examiner** Due to (or as a consequence ot) Examiner nuecoro To the Hospital or Attending Physician: The law requires that the death certificate be executed buriel-transit Sequentially list conditions, if any, leading to immediata ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in daath) Last Dua to (or as a consequence of): Box 68760. attanding physician for usa as tha burie clistu Completed by Physician/Medical Dua to (or as a consequance of): ate has been signed by the a page 2 should be dateched f Part II. Other significant conditions contributing to death but not rasulting in the undarlying ceuse given in Pert i. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? Unknown 1 □ Yas 2 □ No 3 Probably 24b. Ware autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? No cartificate 1 🗆 Yes 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) P 1 Inpatient 1 ☐ Yes 2 No 2 ER/Outpatient 3 DOA Aftar this 28c. tnjury at Work? Certification: 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Tima of 28d. Describe how Injury occurred 5 Panding 1 Natural 1 ☐ Yes 2 ☐ No aftar death. 2 Accident within 24 hours after death To the Funeral Director: , complately filled in by the 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, straat, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at tha time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at tha time, data and place, and due to the cause(s) and manner stated. Medicai 29a. Certifier 29b. Signature and title of certifier 29c. Licanse number 29d. Date signed (Mgnth, Day, Year) 00(100) 30. Name and address of person who completed or of deeth (Item 23a) (Type, Print) POBOX 2636 Salisbury MD 2180 de 31. Date filed (Month, Day, Year) State JUL 03 1996 Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96 21616

							Ce	rtificate	of	Death			Reg. N	0.			
	Physic /Medi		1. Decedent's Neme (First, Ma Richard Eugene	,	,							2. Dete of De July 5	, P	9 96	Yeer		me of Deeth :52 P.N
4	Exami		4e. Facility Neme (If not institu Frederick Men						1	4b. City, To Frede					of Deeth deric	k	
	uneral irector		5. Social Security Number 215-86-3897 Usual Residence of Decedant	6. Se	ex ☑M 2☐F	7. Age (In yr 33	s. last birthdey) Yrs.	If Under 1 Months	Year Deys	If Under Hours	24 Hrs. Min.	8. Dete of Bi June I	th ay Year 5,	1963	9. Birthpl Count	eca (S	tete or Foreigi
Maryland	a-f show	tor	10e. Stete 10b. Cou		rick	10c. (City, Town or Lo	Middl	eto	own					10		de City Limits
with the	3a or 28 at be no	i Director	10e. Street and Number 6624 01d M	idd1e	etown R	d.		10f. Zip Co	176	59				itizen of V	Whet Coun	try?	
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within ana.	then "natur	Completed	15. Dece (Specify only hig Elementery/Secondery (0-1:	hest grad		-4or 5+)	16e. Dece (Give life.	dent's Usuel C kind of work o DO NOT use			of work	ring			usiness/Ind		
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7M	sician edical miner	er	Immediate Cause (Finel disease or condition resulting In deeth)	ist only	e. 🥱	e to n	or es e consec	quence of):		Pos-		or respiretory e	errest,			Onset	
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4 5	mpletely	Medical		al Exam	Inar: On the ba	isis of exemir	netion end/or In	vestigation, in	my o	pinion, dee	th occurr	red et the time,	dete er	nd place,	end due to	the ce	
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Registrar DHMH 16 Ray 6/95

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				State of Ma	aryland / L	Certificate of	Health and Me f Death		g. No.	6 2	1617
	Physici		1. Decedent's Nama (First, Middle, Las	L _	1	lontage	10 _	2. Date of Deat Month	Day	3. 196	Time of Death
	/Medic Examir		4a. Facility Name (If not Institution, give				4b. City, Town, or Local	ation of Death	4c. County	of Death	z z p
			North Arus	rdel H	lospi-	tal c	Glen Bu	rnie	An	ne Ar	-undel
V.	Funeral Director		226-15-3130	7. Age	6 (In yrs. last bir 54	thday) If Undar 1 Yaa Months Days	s Hours Min.	B. Data of Birth (Month, Day, IOV • 15	Year) 1941	9. Birthplaca Country) VIRGIN	(Stata or Foreign IA
	/lend		Usual Rasidence of Decedent 10a. State 10b. County		10c. City, Tow	n or Location				10d. I	Inside City Limits
	e Men	Director	MAARYLAND ANNE AR	UNDEL	SEVER	NA PARK					1 X Yas 2 □ No
	vith th	Dire	10e. Street and Number			10f. Zip Code		10	Og. Citizen of \	What Country?	
	s 234	Funeral	108 EARLEIGH HEIG	HTS ROAD 12. Was Decedent B	Ever in 11 S	211	46 Hispanic Origin? (Spec	ity Vac or No.		S ce - American II	ndlen
Maryland 21215-0020	72 hours after deeth with the Meryland natural, or Hems 23a or 28a-f show pical Examiner must be notified at	by	1 Nevar Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 X Yes 2 N If Yes, Give Yaar or Datas:]	lo	If Yas, specify Cu 1 ☐ Yes 2 ☑ No	ban, Maxican, Puarto R	ican, atc.)		ck, Whita, atc.	
5-0	in 72 hours "natural", legical Ex	ted	15. Decedent's Ed (Specify only highast grad	ucation		Decedent's Usual Occi	upation	2	16b. Kind of B	usinass/Industr	У
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lan		To Be	MONROE MONTAGUE				CLARA THOR	NTON			
lary	S sho		19e. Informent's Name/Relationship (7				et and Number or Rural		,		•
	f Heelth tem 27		JENNIE B. MONTAGU	E (WIFE)			HEIGHTS RD				
Baltimore,	Pages nent of int: If it iry or o		20a. Method of Disposition 13 Buriei 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify		cemeta	Disposition (Name of ry, crematory or other pi HILL CEMET	ERY 7/9	/96 I	BALTIMO	RE, MD	
Bal	permit. Pag Department Important: I any injury o		21. Signatura of Funeral Service Licens	1. Lee	ae		ress of Facility & SONS MOR ST. ANNAPOL				
	Physician /Medical Examiner	er	shock, or heart feilure. List only of immediate Cause (Final disease or condition resulting in death)	a. END ST	TAGE	CENAL DL	SEASE				erval Between sat and Death
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	The ate h							1 □ Ya	s 2) No	1 ☐ Ye	s all No
of Vital	Physicien: The this certificate ral director, peg	Be c	25. Was case referred to medical axaminar?	Hospital: 💉			26. Place of Death				
	D P P	ation: To	1 Yes 2 No 27. Manner of Death 1. Natural 5 Pending 2 Accident investigation	28e. Dete of Injur (Month, Day	y 28b. 1	Time of njury 28c. Inj	4 LI Nursing Hom	e 5∐ Reside 3d. Describe ho			
Division	To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A complately filled in by tha fi	Certification:	3 Suicide 6 Could not be determined	28a. Place of Injubuilding, etc.	ry - At home, fa . (Specify)	rm, street, factory, office	28	3f. Location (Sti City or Town		ber or Rural Ro	ute Number,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical	29a. Certifier (Check only one) Certifying Phy 2 Medical Exam	rsician: To the best of iner: On the basis of and manner ste	examination and	, death occurred at the d/or investigation, in my	time, date and placa, ar opinion, death occurred	nd due to the ca d at the time, da	use(s) and ma ate and placa,	anner as stated and due to the	I. cause(s)
	Vith To t	Σ	29b. Signatura and title of certifier			29c. Licar	nsa number	25	d. Data signe	d (Month, Day,	Year)
				182m		104	0403		1/2/9	6	
			30. Name and address of person who of	ompleted cause of de	eeth (Item 23a) ((Type, Print) 600 Cara H	twy. S.W. C	sley Bu	ruie 1	Md	
	Sta	_	31. Data filad (Month, Day, Yaar)	32. Registra	r's Signature	- Bardelle	huy., S.W., C		1		
	Registr	ar	JUL 0 8 1	220	-m-i-m/400						

a field of the second of the s

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death , Day 1996 Year Month **Physician** THOMAS **JOSEPH** MARLOWE JULY 6, /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not Institution, giva straat and number) 4c. County of Death Examiner ST. LOUIS AVENUE CITY OCEAN WORCESTER If Undar 1 Yaar | If Undar 24 Hrs. | Months Days Hours Min. Birthplaca (State or Foreign Country) 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. |ast birthday) **Funeral** Months M 2 F 12419 73 Yrs. Director Usual Rasidence of Decadant Pages 1 end 2 should be filed within 72 hours efter death with the Meryland nent of Health end Mentel Hygiene. Int: If Item 27 is marked other than "natural", or Items 23a or 28a-f show 10a. Stata 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 10d. Insida City Limits Mp. WORCESTER OCEAN CITY 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 21842 5 ST. Louis Ave. USA Funera 12. Was Decedant Evar In U,S. Armed Forcas? ↑ March 2 □ No Iff As, Giva Year or Datas: WW Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 200 No Specify: by II3√2Widowed 4 Divorcad WHITE Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Eigmentery/Secondary (0-12) Collaga (1-4or 5+) MENS CLOTHING RETAIL 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be James Minissale Josephine Caputo 2 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 5 St. Louis Ave., Ocean Ci Ty, Md. GREG MARLOWE permit. Pages 1 end:
Depertment of Health
Important: If Item 27 I
any Injury or other tri
once. 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 Cramation 3 ☐ Ramoval from Stata 7-8 4 ☐ Donation 5 ☐ Othar (Specity) SALISBURY CREMATORY SALISBURY, 22. Nama and Addrass of Facility ULLRICH FUNERAL HOME BERLINA MD. ULLKICH FUNEKAL HUTE

Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart feiture. List only one cause on each line. Approximete interval Between Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition resulting in daath) Carcinon Lorgay years Examiner Dua to (or as a consequanca of) Examiner physician and the burial-transit The lew requires that the death certificate be executed Sequantially list conditions, if any, laading to Immadiata cause. Enter Underlying Ceuse (Disaasa or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): attending pl ate has been signed by the a page 2 should be detached to Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown à 24b. Wera autopsy findings available prior to complation of cause of deeth? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate To the Hospital or Attending Physician: within 24 hours efter deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director; p 25. Was case rafarred to medical axaminar?
1 \(\sum \) Yas 2 \(\sum \) No Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 28a. Data of Injury (Month, Day Year) Certification: 27. Mannar of Daath 28b Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Matural 5 Panding 1 □ Yas 2 □ No 2 ☐ Accidant Investigation 6 Could not be datarmined 3 Suicida 28a. Placa of injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

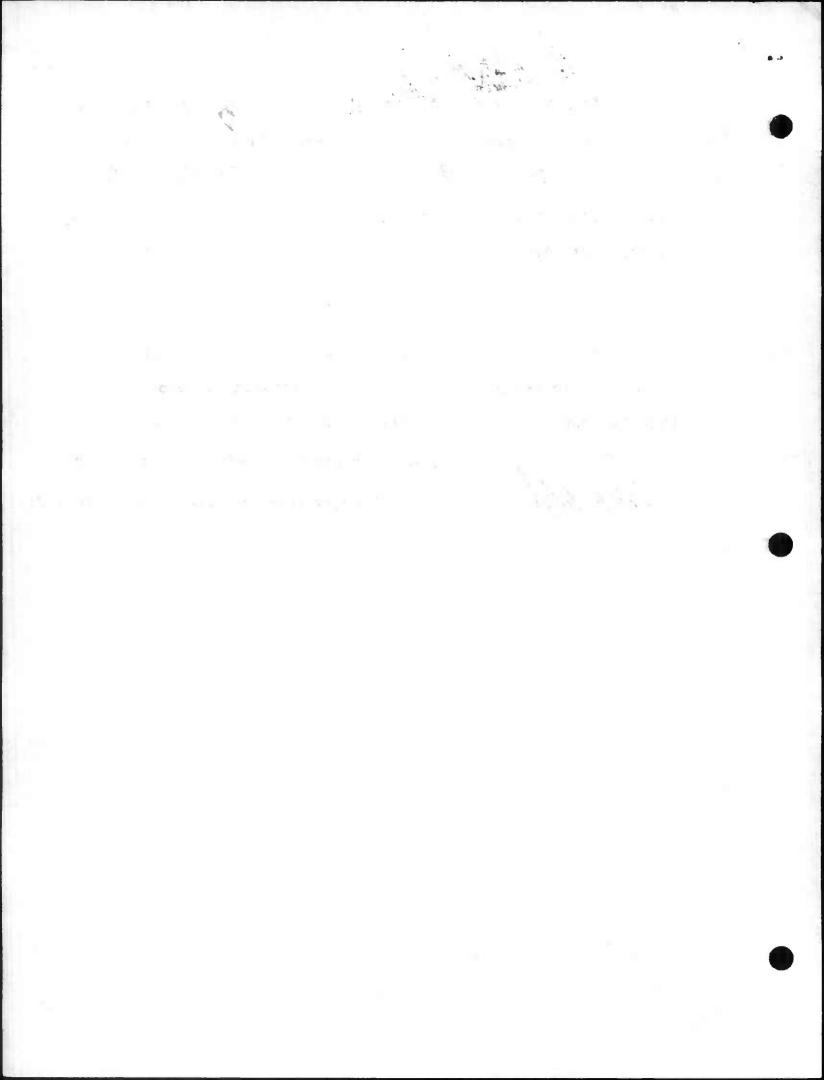
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiai Medical 29b. Signature and little of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 030690 July 30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print) M.D. 175 E. Caroll St., Solisbury, Jomes Martin

32 Registrar's Signature

State

31. Data filed (Month, Day, Yaar)

JUL 0 8 1996



ling physician. the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

BE COMPLETED BY FUNERAL DIRECTOR

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

27. MANNER OF OEATH

5 Pending Investigation

6 Could not be datarmined

1 Natural

2 Accident

3 Suicide

										9	0	21019
FOR STATE REGISTRAR	STATE OF N	ARYLAND / CE		CATE				MENTAL	REG. NO			
1. DECEDENT'S NAME (First, Middl		ATHERINE	EL	ISE	MAR	VEL		2. DATE (DAY 1 0 1	YEAR 9 9 6	3. TIME OF DEATH 2:25 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest		IF UNDER 1		IF UNDER		7. DATE C	OF BIRTH	10 1	8. BIRTI	IPLACE (State or Foreign
220-28-8721	1 🗆 M 2 🔀 F	92	YRS.	MONTHS	DAYS	HOURS	MIN.	AUG	27,	1903	Count	MARYLAND
Se. FACILITY NAME (If not institution	on, give street and number)			9b. CITY, T	OWN OF	LOCATI	ON OF DE		-	9c. COL	JNTY OF D	DEATH
FAHRNEY-KEED	Y MEMORIAL H	OME	- 1			BOON	ISBOF	RO			WAS	SHINGTON
RESIDENCE OF DECEDE	COUNTY											
		-	10c. CITY	, TOWN OR								10d. INSIDE CITY
MARYLAND	WASHINGT	ON	L		-	NSBC						1 TYES 2 NO
100. STREET AND NUMBER	11 DO 1 D				10f.	ZIP COD				10g. Cl		WHAT COUNTRY?
8507 MAPLEVII							2171					S.A.
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced		T EVER IN U.S. ARI YES 2 AN	MED O	tt y	yes, spec	ify Cuba		n, Puarto R	? (Specify Y lican, etc.)	es or No-	14. RAC Blac Spec	E — American Indian, k, White, atc.
											l	WHITE
15. DECEDEN (Specify only highe	T'S EDUCATION est grade completed)	18a. DE	VE kind of W	USUAL OCC ork done du retired.)	CUPATION ring most	of working	ng	16b.	KIND OF B	USINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	·) ////////////////////////////////////		PERIN					PF	TIREM	ידיותבו	HOME
17. FATHER'S NAME (First, Middle,	(ast)		501		1111			ME /Eint A	fiddle, Meide			TIONE
GRAHAM PORTE								MURPI		ii Surname)		
19a. INFORMANT'S NAME (Type/Pr	rint)	198	. MAILING	ADDRESS (Street an	d Number	r or Rural	Route Numb	er, City or To	wn, State, Z	(ip Code)	34446
CARLTON A. MA		3	7 LI	NDER	DR,	SUG	AR M	IIL V	WOODS	, HOM	10SAS	SA, FL
20e. METHOD OF DISPOSITION 1 □ Burlai 2 ☑ Cremation 3 4 □ Donation 5 □ Other (Spec	Removat from State	20b. PLACE A cemetery, cree SMITH					7/	DATE 1./96		OCATION -		own, State MARYLAND
21. SIGNATURE OF PUNERAL SER		- Dilli	IDDOIG				SS OF FA			LILO	OIG,	MAKITHAND
· POV	n bba	Paul M.	Dean	BAS	ਜ਼ ਜੁਲ	INE	RAL I	-OME				ional Pike
· Coux //	1 Lew									sbor		21713
23. PART I. Enter the disease shock, or heart to IMMEDIATE CAUSE (Finel	es, or complications the failure. List only one car	t ceused the de ise on each ilne	ath. Do n	ot enter ti	he mod	e of dy	ing, suc	h ea card	llac or res	piratory a	rreat,	Approximate Interval Between Onset and Des
disease or condition resulting in death)	· Ciri	home	nen	AC	cuid	٠	-					(day
	OUE TO	(OR AS A CONSECUTION OR	DUENCE OF):								
	a An	anon	un	LEE	6	انا	~~~	ula	1 2	nes	~	مملا
Sequentielly list conditions, if sny, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE OF):								
ceuse. Enter UNDERLYING CAUSE (Disease or Injury	< c											
thet initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSEC	OUENCE OF	7):								
	-											
PART II. Other significant co		deeth but not r	esuiting i	n the und	erlying	ceuse	given in	Part i.	PERF	N AUTOPS) ORMED?	24	MAILABLE PRIOR TO COMPLETION OF CAUSE
			-					_	I I TES	2 13mg		OF DEATH?
DID TOBACCO USE	CONTRIBUTE TO CA					UNC	CERTAI	N 🗆				1E9 Z _ NO
25. WAS CASE REFERRED TO ME	HOSPITAL:	26. PLAC	E OF DEAT	H (Check or	,							
1 TYES 2 410		ER/Outpatient 3	□ DOA	OTHER:	ng Homa	5 🗆 R	esidence	6 🗆 Other	r (Specify)			

29a. CERTIFIER
(Check only one)

29 MENICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. 2 🗌 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

28c. INJURY AT WORK?

2 NO

28d. DESCRIBE HOW INJURY OCCURED

28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) este mo > Juny (1, 1996 D(8019

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

28a. OATE OF INJURY (Month, Day, Year)

Dr. Vasant Datta 334 Mill Street, Hagerstown, MD 21740

28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify)

31. DATE FILED (Month, Day, Year)

JUL 1 1 1996 32 AEGISTRAR'S SIGNATURE

State of Maryland / Department of Health and Mental Hygiene

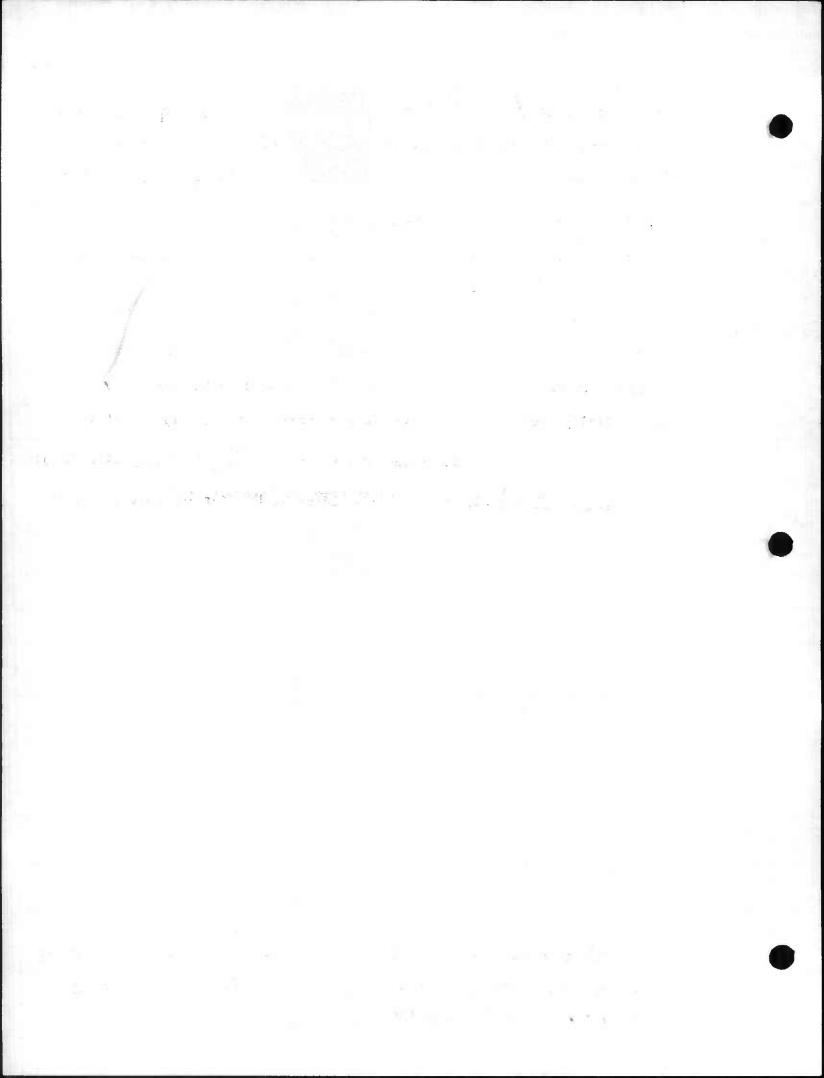
Certificate of Death 1. Decedent's Neme /First, Middle, Last 2. Dete of Deeth 3. Time of Deeth **Physician** Month Year Mathes Albert Chester 4c. County of Deeth 0175 Ju /Medical 4e. Facility Neme (If not institution, giva street and number, 4b. City, Town, or Location of Death Examiner 5. Sociel Security Number 6 Sa Eleton one Price Drive If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 6. Sax Sax 12 M 2 F 7. Age (In yrs. last birthday) Birthpleca (Stete or Foreign Country) **Funeral** 95 Yrs. Director 050 03 5330 Usuel Residence of Decedant 28 1901 Manhattan, NY Pagas 1 and 2 should be filed within 72 hours aftar death with the Manyland nent of Heelth and Mental Hygiene.

Ant: If Item 27 ie marked other than "naturel", or Items 23s or 28=4 show any, or forth the unsatic event, in a Medical Examiner man be notified at any or other the unsatic event, in a Medical Examiner man be notified at 10a State 10b. County 10c. City, Town or Location 10d. tnside City Limits 1 Nes 2 No Director Ma Cecil ElRton 10a. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? United States 21921 Wrive one Funeral 12. Wes Decedant Evar in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Yaar or Dates: 14. Race - Amarican indian, Bleck, White, atc. 11. Maritat Status Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Mexican, Puarto Rican, etc.) 1 ☐ Nevar Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 Yes 2 LNG Specify: þ 3 D Widowed 4 □ Divorced Specify: white Completed 16a. Decedent's Usuel Occupetion (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) College (1-4or 5+) owner/operator Amusement 10 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middla, Maidan Sumama) Be Genevieve Dowling Albert Mathes 19e. informent's Neme/Raletionship (Type, Pnint) 19b. Malling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 115 Eleanor Street, Elkton, Maryland 21921 Eleanor Reilly/Niece 20b. Placa of Disposition (Nema of camatary, crametory or othar place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremation 3 Removel from Stete July 8, Department Important: I any injury o once. Cherry Hill, Maryland 4 ☐ Donation 5 ☐ Other (Spacify) Immaculate Conception Ceml. 1996 21. Signetare of Funerei Servica Licansee 22. Neme and Addrass of Facility Hicks Home for Funerals, P.A. 103 W. Stockton St., Elkton, Maryland 21921 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heer feilure. List only one cause on each line. Approximate Intervel Between Onset and Deeth **Physician** /Medical immediate Cause (Final Arten disaase or condition rasulting in deeth) Examiner Examiner The law requires that the death certificate be axecuted attending physician and for usa es tha burial-transit Sequentially list conditions, if any, leading to immadiate causa. Entar Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Last Dua to (or es a consequance of): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part i. ata has been signed by tha a page 2 should be detached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown of Prostate Cancer þ 24b. Were autopsy findings aveilable prior to complation of cause of death? 24a. Wes an autopsy performed? Chronic renal failure congestive heart failure 1 ☐ Yes 2 ☐ NO 1 ☐ Yes 2 ☐ No cartificata Chronic To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completely filled in by the funeral director, I Be 25. Wes case referred to medical exeminer? 28. Plece of Deeth (Check only one) Other: 4 Universing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yas 2 No 28c. Injury at Work? Certification: 27. Mannar of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 5 Pending Investigation 1 Matural 1 Yes 2 No 2 Accident 8 Could not be datermined 3 ☐ Suicide 28a. Place of tnjury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) end manner es steted.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at tha tima, data and placa, end due to the cause(s) end manner steted. edical (Check only 29b. Signature and titla of certifiar 29c. License number 29d. Data signed (Month, Dey, Year) 007129 Obershoen, mi) lloce 3 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) OBENSHAIN, MD Ceet/ton, Md 2/9/3 32. Registrer's Signeture WALLACE 31. Dete filed (Month, Day, Year) State JUL 0 8 1996 Silia Davidson Registrar

DHMH 16 Rev 6/95

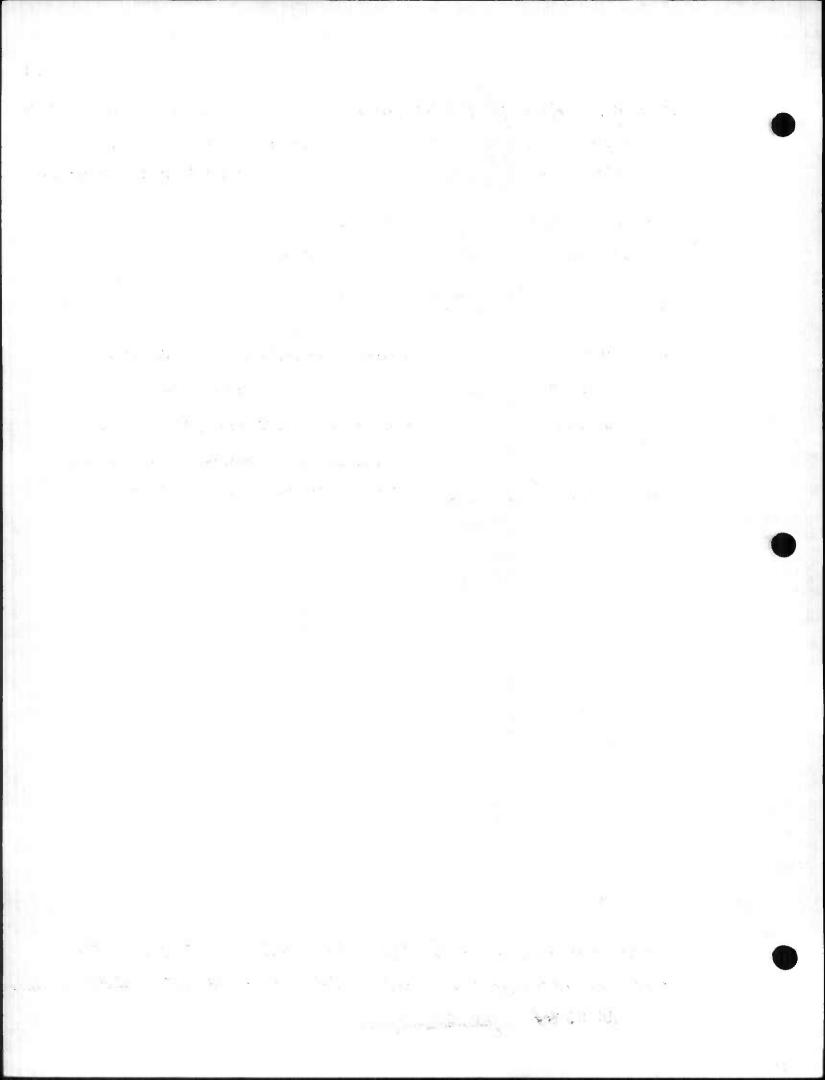


State of Maryland / Department of Health and Mental Hygiene

21621 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Year McGlothlin Henry George 9:50 PM 1996 July /Medical 4a. Facility Neme of not institution, give street and number 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Harford Memorial Hospital Havre de Grace Harford H Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) April 20,1921 7. Age (In yrs. last birthday) If Under 1 Year 5. Social Security Number 9. Birthpleca (State or Foreign Country)
Virginia **Funeral** 1 M 2□ F Deys 219-05-9476 75 Yrs Director Usual Residence of Decedent the Maryland 10a. State 10b. County 10c, City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show 1 ☐ Yes 2 🗓 No Directo Maryland Ceci1 Port Deposit 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Peges 1 and 2 should be filed within 72 hours effer death with t Department of Heelth and Mentel Hyglene. Important: If item 27 is marked other than "natural", or frame 23a or 2 any injury or other treumatic event, the Medical Examiner Insula De Insula. 8 Stayman Drive 21904 U.S.A. by Funeral 12. Was Decedent Ever In U.S. Armed Forces? ½XXVes 2□ NW II If Yes, Give WW II Yeer or Detes: Korean Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bieck, White, etc. 11. Maritei Stetus △ Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ÛNo Specify: Specify: White 3XXWidowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16h. Kind of Business/Industry Elementary/Secondary (0-12) Twelve Years College (1-4or 5+) Quarter Master Advisor U.S. Army 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Thomas H. McGlothlin Laura Belle VanDyke 2 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Candace L. Artim 418 Sapphire Drive, Sarasota, Florida 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State XX Buriel 2 Cremetion 3 Remove from State West Nottingham Cemetery 7/5/96 Colora, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License 22. Name and Address of Fecility Lee A. Patterson & Son Funeral Home Perryville, Maryland 21903 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical LEFT PNEUMOTHORAX, ACUTE immediate Cause (Finel 3 HOURS diseese or condition resulting in death) Examiner PNEUMONIA, RIGHT LUNG, SEVERE Due to (or as a consequence of): Examiner physician end the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest LSCHEMIC HEART Box 68760, Physician/Medicai Due to (or es a consequença of): esn signed by the e P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No \$ Probably 4 ☐ Unknown Records. à 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? Completed 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital Hospital or Attending Physician:
 24 hours effer deeth.
 Funeral Director: Affer this certifical Be 25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Neturel 5 Pending Investigation efter deeth. 1 TYes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 T Homicide 29a. Certifler 100 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the ceuse(s) and menner as stated. Medical (Check only one) 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner steted. To the I 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) Mandres Nowalconsle RAD DO2096 JULY 2, 1996 11/2 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 125 N. MAIN ST BELAIR, MODINIX MADRON NOWAKOWSKI NID 32. Registrer's Signeture 31. Dete filed (Month, Day, Year) Pulia Davidson JUL 05 1996

DHMH 16 Rev 6/95

Registrar



ITEM: 20b, PER F'.H. F'ILM G-740 10/9/96 t.t

ITEM: 16b, PER F'.H. F'ILM G-739 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9/9/96 t.t

21622

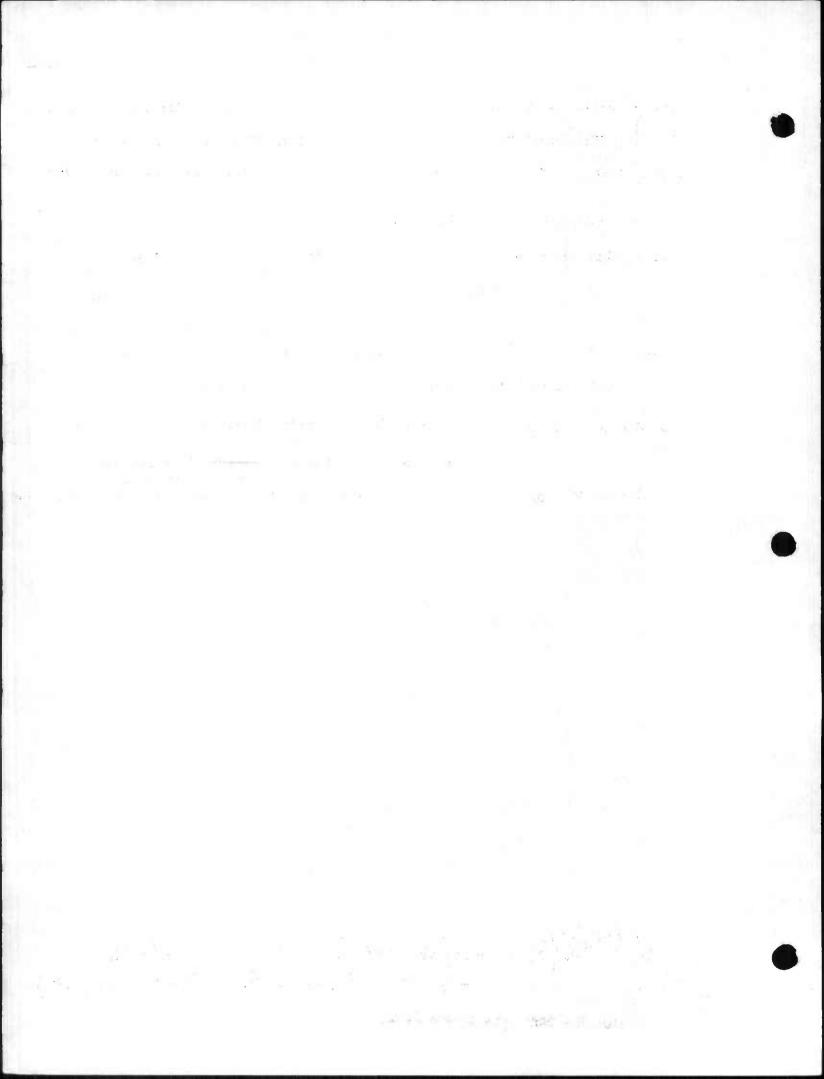
						Ce	rtificate	of	Death			Reg. No.		Prom. (O 1 1
Г	Physic	ian	1. Decedent's Nama (First, Middla								2. Dete of D Month	aath Dey	Yaar	3. Ti	ma of Deeth
20	/Medi		JAMES PATRICK								JULY	5th 1		6:	50 p.m.
J.	Exami		4e. Fecility Name (If not Institution								ocation of Dee		111 1111		
			HOMEWOOD RETIRE				I Williams	- 1			ORT, MI		INGTO		
ľ	Funeral Director		5. Sociel Security Number 143-30-3767	6. Sax 1⊠M 2□F	7. Aga (In yrs. las		If Undar 1	Days	If Undar:	Min.	8. Dete of B (Mootb, D April	irth (1939)	9. Birthp Coun New	Jer	tete o <i>r Foreig</i> n esy
П	pu *		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, 1	Tourn or La	postion							Od last	de City Limits
	e Meryls Ba-f sho	ctor	Maryland Washin	ngton		ersto									Yas 2 No
	or 2	Dire	10e. Street and Number				10f. Zip (Coda				10g. Citizan of	What Cour	ntry?	
	ath w	2	1815 Brightwood					217				U.S.A			
020	n 72 hours efter death with the Meryland "natural", or flems 23s or 28a-f show ledical Examiner must be notified at	by Funeral Director	11. Marital Status 1 □ Navar Married 2 □ Marrie 3 □ Widowad 4 □ Divorced	Armed F	2010 iva		Wes Decede If Yas, specil 1☐ Yas 2	y Cub	dispenic Orig en, Mexicen Specify:	gin? (Sp , Puarto	ecify Yes or N Ricen, atc.)		ce - Americ ck, White, fy: V		
2-0	72 ho	ted	15. Decedent' (Specify only highes	s Education	,	16a. Dece	dant's Usual	Occup	oation	of work	ina	16b. Kind of E	lusiness/Ind	dustry	
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	othe othe	Be C	17. Fether's Neme (First, Middle, L	ast)					18. Mothe	r's Nam	a (First, Middle	e, Meiden Sumer	me)		
/lai	should be filed nd Mental Hygi merked other imatic event, I	To	James P	atrick M	oore, Jr.						Mary R	ound			
Maryland	2 should and Men Is marke aumatic	-	19e. Informent's Neme/Reletionsh	lp (Type, Print)		19b. Malli	ng Address (Street	end Numbe	r or Rur	al Route Numi	ber, City or Town	, Stete, Zip	Code)	
	Tt.		Mrs. Carole A.	Moore / N	Wife	1660	Lang1	ey	Drive	, На	agersto	wn, Mary	/land	21	740
altimore,	2 5 -		20a. Method of Disposition 13☐Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp		State cem	tetery, cre	osition (Nemo metory or oth Heave	er ple			7/9/96	20c. Location East Ha			
Balti	permit. Pege Department of important: If any injury or once.		21. Signeture of Funaral Service L	0 .		2	2. Neme end	Addre	ess of Fecility	у	Minni	ch Funer	cal Ho	ome	
			23a. Part1. Enter the disease, or										i, mai		ximate
Ì	Physician /Medical Examiner		shock, or heert failure. List of Immediata Ceuse (Finel disaese or condition resulting in deeth)	e.	CUTE	REN	m	a	filu					Interva	al Batween end Deeth
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	icete be executed physician end s the buriel-transit	Examiner	Sequentially list conditions	Б. 1	Due to (or e	s e conse	nuence of):-	_							· VL)
o,	ertificate be executed ding physician end se es the buriel-transit		Sequentielly list conditions, if eny, laading to immediate ceuse. Enter Underlying	IN	HRILIT	17		(11	4 C LI	(24)	,			36	11/ 0
68760,	ate be nysici	edical	ceuse. Enter Underlying Ceuse (Diseese or Injury thet initiated events resulting in deeth) Last	c	Dua to (or es	s e consec	quence of):	40	ACC.					- 40	(-)
39 x	leath certifice ettending ph d for use es th	Med	rosuning in dooring East	L. Mu	LTIPLE	- 5	TROK	ES					1 (401	Ans
Bo	0 2 3	an	·	d			1 (-					
	the death y the etter	Physician	Pert II. Other significant condition	ns contributing to c	deeth but not rasulting	ng In tha u	nderlying ca	use giv	ven in Pert i.		23b. Dio	I tobacco use co	ontribute to	the ca	use of death?
s, P.O	es that the de igned by the be detached	by Phy	Acure VI	ME	NCEPH	AL	cns				1	Yes 2□ No	3 Prot	bebly	4 Unknown
Record	ew requires been so should	Completed									24a. We perl	s an autopsy formed?	ava	ailabla p	ppsy findings prior to n of cause
	0 - 0	E O									1□	Yes 2 No	10	Yes	2 No
VItal	ysician: The secreticate director, pag	Be	25. Wes case referred to medical exeminer?						26. Plece	of Deet	h (Check only	one)			
of <	0 00	2	1 Yes 2 No	Hospitai:	Inpatient 2 ER	VOutpatier	nt 3 DOA	Ott	ner: 4 Nu	rsing Ho	ma 5 🗆 Ras	ildance 8 🗆 Oti	her (Specify	y)	
	fing After fune		27. Menner of Death 1 Abeturel 5 Panding 2 Accident Investign		of Injury oth, Dey Year)	3b. Time o Injury	f 28	c. Injui Wor	ryet rk? Yes 2 □ t	No	28d. Dascribe	how injury occu	rred		
Division	i or Attend efter death Director: A	Certification:	3 Suicide 6 Could no determine	ned Zoe. Flec	e of Injury - At home ling, etc. (Specify)	e, ferm, sti	reet, factory,	offica			28f. Location City or To	(Street end Num own, Stete)	ber or Rura	l Routa	Number,
	To the Hospital or A within 24 hours efter To the Funeral Director Completely filled in b	edicai C	29a. Certifier (Check only one) 1 Certifying 2 Medical E	xaminer: On the b	e best of my knowle basis of axamination oner steted.	dge, deeti and/or in	h occurred et vestigetlon, i	the tir	me, dete end opinion, deat	d plece, h occurr	end due to the red at the time	e ceuse(s) end m	enner es st end due to	teted.	use(s)
	o the o the omple	Me	29b. Signature and the color of the	ond mar	moi stotou.		29c.	Licens	se number		T	29d. Data signe	ed (Month.	Dev. Ye	ear)
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			30. Name and eddress of person w	the Completed	se of deeth (Item 23	Y) (-	U	1100	9 1		1//6	116		
			TEDHEN LE	ET AL	in MC	7 L	F) N	ah	THE	VIA	we.	HARREL	(Tru	M	und
	Sta	ate	31. Dete filed (Month, Dey, Year)	32.1	Registrer's Signeture	a .	/ /	4 16	1107			. , , , , ,		-6)

JUL 0 8 1996 Jeli dander Partell

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State

Registrar



		permit
020	after death. Page 6 may be retained by the hospital or attending physician.	 y the funeral director, page 5 should be detached for use as the burial-transit permit noval.
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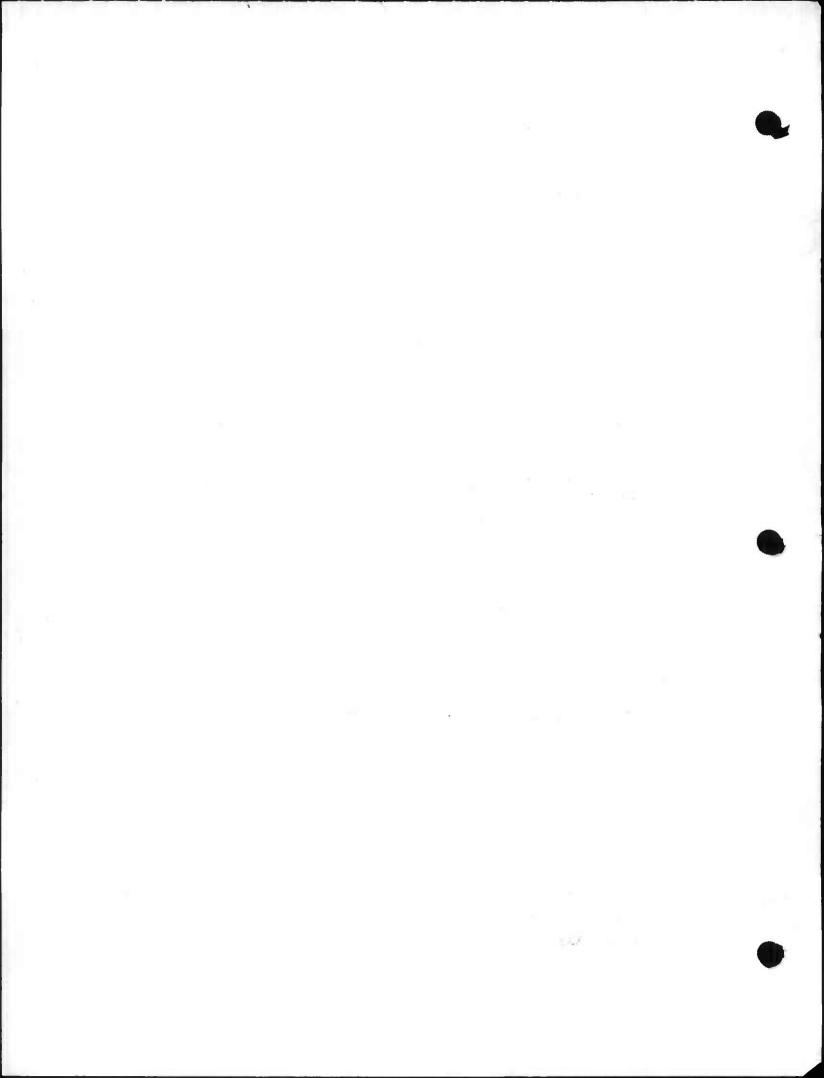
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

31. DATE FILED (Month, Day, Year)
JUL 0 8 1996

		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN MONTH DAX YEAR 3. TIME OF DEATN MONTH DAX YEAR													3. TIME OF DEATH	
		Kenneth Wil	liam	Messmer								Jul	ÿ 6, f	996	5:29	
pino		4. SOCIAL SECURITY NUMBER 212-24-0282		5. SEX	6. AGE ((In yrs. lest	birthday) YRS.	IF UNDER	DAYS	IF UNDER	R 24 HRS.	7. DATE (Mon	of BIRTH	020	Count	NPLACE (State or Forek
		9a. FACILITY NAME (If not institu			00		1710.	9h CITY	TOWN	OR LOCATI	ION OF DE		13, 1	928	IMALI	ryland
3 should	<u>ج</u>	11814 Crocu								land						
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nsit pern	ERAL	100. STREET AND NUMBER 11814 Crocu			10	2150	2		WHAT COUNTRY?							
the burial-transit permit, Pages 1,	BY FUN	11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorces		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IE YES, GIVE WAR OR DATES KOTEAN WAT							14. RACE — American Indier Black, White, atc. Specify: White					
d for use as	LETED	15. DECEDE (Specify only his Elementary/Secondary (0-12)	-		+)	(Give	e kind of a	usual o work done se retired.) Strat	during m	ION ost of worki	ing		State			ion
detache	COMPL															
at of	ECC	19. MOTNER'S NAME (First, Middle, Last) Raymong G. Messmer 18. MOTNER'S NAME (First, Middle, Maiden Surname) Ellen M. (Mofatt)														
5 should notified	00	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
e 5 s	2	Linda L. Messmer 11814 Crocus Ave SW, Cumberland, Martland 21502											1 21502			
ector, page must be		20s. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20s. PLACE AND DATE DISPOSITION (Name of completely, crematery or other place) ROCKY Cap Veterans Cemetery 7/9 Flinstone, Maryland												wn, State		
al dire		21. SIGNATURE OF FUNERAL SURVICE LICENSEPP 22. NAME AND ADDRESS OF FACILITY Kight Funeral Home														
the funeral dival.		309-311 Decatur St., Cumberland, MD. 215														
signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as Heatth and Mental Hygiene prior to bunial, cremation, or removal. was any injury, or other traumatic event, the medical examiner must be notified at once.		23. PART I. Enter the dises abock, or heer IMMEDIATE CAUSE (Final disease or condition resulting in death)	esea, or co t fallure. L	. Acute	MYC	ocard	ial JENCE O	infa	ırct	ion		n aa car	diac or respi	ratory a	rrest,	Approximate interval Betwoonset and D
bunial bunial	N N	Sequentially list conditions	. [6												uk days	
ending physician and c Hygiene prior to bunis or other traumatic	ERTIFICATION	if any, leeding to immedial couse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST	te	DUE TO (OR AS A CONSEQUENCE OF): Diabetes DUE TO (OR AS A CONSEQUENCE OF):												10 yrs
attend mtal H	E E															
igned by the att ealth and Menta rs any injury,	ICAL	PART II. Other aignificant obesity	sulting	In the u	e underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 YEO						24b	24b. WERE AUTOPSY FINE AMILABLE PRIOR TO COMPLETION OF CAU DF DEATN?				
as been sign Dept. of Healt 23 shows	AN: M	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO														
certificate has been the State Dept. of 1, or Item 23 sho	SIC	EXAMINER? HOSPITAL: OTHER:														
with with	ву рну		27. MANNER OF DEATN 1 ☑ Netural 5 ☐ Pending (M				6a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY WOI						SCRIBE NOW I	DW INJURY OCCURED		
after 28	ETED 8	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, building, etc. (Specify)							tory, offi	ca	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
3 R =	COMPLE			IAN: To the best of												a) end menner as state
TO THE FUNER be filed within IMPORTANT:	TO BE C	290. SIGNATURE AND TITLE OF	CERTIFIER	1/-						29c. LIC	ENSE NUM	IBER				8, 199-6
	F	30. NAME AND ADDRESS OF PE								,		04 -	20			, - (6
0		Paul Snow, N	M.D.	124 W #	ra S	c Cu	mber	Tanc	I, M	aryla	and	2150	12			

124 W #rd St Cumberland, Maryland



State of Maryland / Department of Health and Mental Hygiene 96

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er)		111	ocation of Dea			of Deeth TIMORE				
CAL CENTER TOWSON 7. Age (In yrs. last birthdey) If Under 1 Yaar If Undar 24 Hrs. 8, Deta										
74 Yrs.	vlin.	rs Hou	8. Deta of Bi (Month, D Aug 1	8, 1921	9. Birthplaca (S Country) MD					
10c. City, Town or I						10d. fnsida City Lin				
Cumbe						1 □ Yas 💥				
Cumberland 10f. Zip Coda					Og. Citizen of What Country?					
)2		US	USA					
nt Ever in U,S. 13	(Spe	f Hispanic	ecify Yes or N	0- 14. Ra		ican Indian,				
ss? □ No s:	Janto	13. Was Decedant of Hispanic Origin? (\$ If Yes, specify Cuban, Maxican, Puar 1 ☐ Yas ☑ No Specify:			Bleck, White, etc. Specify: whit					
16a. Dec	suai Occupation work done during most of working use ratired)			16b. Kind of E						
complated) (G lift College (1-4or 5+)			ang	Cathol	Catholic Church					
			a (First, Middle	First, Middle, Maldan Surneme)						
	rir	Ka	rine A. (Murnane)							
19b. Me	r Run	et and Nu	Rural Route Number, City or Town, Stata, Zip Coda)							
Bald										
20b. Place of Disposemetary, cr	1	dace)	Deta	20c. Location	- City or 1	own, Stete				
st. Patr	1		07/11	Mt. Sa	vage	, MD				
01/1		tress of Fr Lli F Land,	l Home 21502							
MYOCARDI			or raspiratory	arrest,		Approximata Interval Batween Onsat and Death				
Dua to (or as a consequence of): Sequentielly list conditions, if eny, leading to immediate cause. Enter Undarlying Cause (Disease or Injury c.										
Cause (Disease or injury their initiated events resulting in death) Last Due to (or es e consequence of): d. Part tt. Other etgnificant conditions contributing to death but not resulting in the underlying cause given in Part t. ARTERTOSCLEROTIC CARDIOVASCULAR DISEASE 1 Yee 2 No 3 Probable										
ing to death but not resulting in the underlying cause given in Part t.					23b. Did tobacco use contribute to the cause of de					
IOVASCULA	JLAR DISEASE					obably 4 Unkr				
	_			s an autopsy formed?	8	Vara autopsy findin vallable prior to omplation of causa f death?				
			10	Yas 2 No		□Yes 21XNo				
	Deati	26. P	th (Check only							
atient 2 KER/Outpati		Whor			har /Spec	ifv)				
njury 28b. Tima Dey Year) Injury	ma of 28c. Injury at 28d. Dascribe how injury occurred									
2 Accidant Suicida Suic										
of examination and/or i	ece, a	tlma, deta y opinion,	and due to tha red at the tima	a causa(s) end m	enner as , and due	stated. to the cause(s)				
				_						
		2300		July	, -					
o	els of examination and/or invastigation, in my opinion, deeth or stated. 29c. Licanse number D 25686 of deeth (Item 23a) (Type, Print)	els of examination and/or invastigation, in my stated. 29c. Lica D of deeth (Item 23a) (Type, Print)	els of examination and/or invastigation, in my opinion, deeth occur or stated. 29c. Licanse number D 25686 of deeth (Item 23a) (Type, Print)	els of examination and/or invastigation, in my opinion, deeth occurred at the time or stated. 29c. Licanse number D 25686 of deeth (Item 23a) (Type, Print)	ls of examination and/or invastigation, in my opinion, deeth occurred at the tima, data and place or stated. 29c. Licanse number D 25686 July 7	29c. Licanse number D 25686 D 25686 D 25686 D 25686 D 25686				

- Registrar

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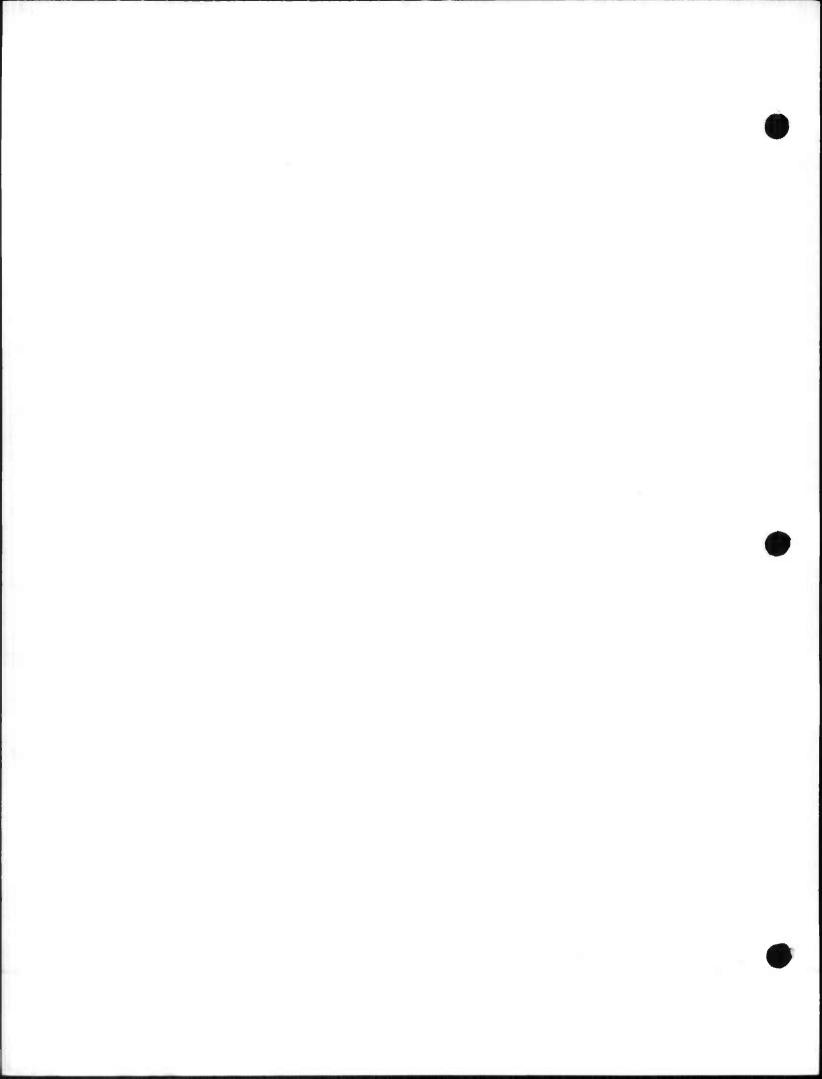
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PAYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The law requires that the death of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **Ked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE	0F		DEPARTMENT			MENTAL	HYG	IENE
		C	FRIFICATE	0	E DEAT		000	

1 - STATE REGIS	TRAR	STATE OF MA	ARYLAND / DEPARTN CERTIFIC	ATE OF DEATH	MENIAL HYGI REG.									
1. DECEDENT	'S NAME (First, Middle, Last)				2. DATE OF DEATH	1	3. TIME OF OEATH							
Ro	bent L	e Roy	Matthey	vS	MONTH	8, 1996	6.15 A W							
4. SOCIAL SI	ECURITY NUMBER	5. SEX 6.	. AGE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign							
	20-6927		69 YRS. MO	NTHS DAYS HOURS MIN.	JUNG 12	r) Cou	Maryland							
	NAME (If not institution, give :	street and number)		CITY, TOWN OR LOCATION OF		9c. COUNTY OF	7 100							
RESIDEN	18067 L. Georges Creek Rd. S. W. Barton Allegany 100. STATE 100. COUNTY 100. COUNTY													
10a. STATE	10d. INSIDE													
	Maryland Allegany Barton													
1800 11. MARITAL	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN													
1800	18007 Lower Georges Cr. Rd, S.W. 21521 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Year or No) 14. RACE - American III.													
11. MARITAL	11. MARITAL STATUS 12 WAS DECEDENT EVER IN U.S. ARMED 142 MMC DECEMBER OF MARITAL STATUS													
	1 Never Married 2 Married FORCES? 1 Yes or No— 1 YES 2 Monormal													
	White													
Elementar W 17. FATHER'S	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working													
Elementar	Elementary/Secondary (0-12) Cotlege (1-4 or 5+) life. Do NOT use retired.)													
¥	7 Saw Mill operator Lumber													
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)													
~	Edward Matthews Hazel Smith													
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 (5 2 /													
FWW/	Emma Jean Matthews 18007 Lower Georges Cr. Rd. Barton, ud.													
1 🗆 Buriel	0s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City or Town, State													
	n 5 Other (Specify)		Cumberlan	ed cremators		umberla	and, Md.							
21. SIGNATUR	E OF FUNERAL SERVICE LIC	CENSEE		22. NAME AND ADDRESS OF FACILITY FIGHIGAN - MCKENZIE FUNERAL HOME S										
> (Fast Main ST, Longconing, and, 21539													
23. PART I.	Egler the disesses, or	complications that	tueed the deeth. Do not	FAST MAIN	STI LONG	2002/20	Wd 21539							
	shoot or heart failure			enter the made of dulpa ou	oh an conding or so	and motors and								
		List only one cause	on each line.	enter the mode of dying, su	ch as cardiac or re	apiratory arrest,	Approximata interval Between							
IMMEDIATE	CAUSE (Final	List only one cadise	on each line.	enter the mode of dying, su	ch as cardisc or re	apiratory arrest,	Approximata							
	CAUSE (Final condition	a	on each line.	onter the mode of dying, su Dy 5 rh y Hi	ch as cardiac or re	apiratory arrest,	Approximata intervai Between							
IMMEDIATE disease or resulting in	CAUSE (Final condition	a	on each line.	onter the mode of dying, su Dy 5 rh y Hi	ch as cardiac or re	apiratory arrest,	Approximata intervai Between							
IMMEDIATE disease or resulting in	CAUSE (Final condition death)	a	on each line.	onter the mode of dying, su Dy 5 rh y Hi	ch as cardiac or re	apiratory arrest,	Approximata intervai Between							
IMMEDIATE disease or resulting in	CAUSE (Final condition death)	a	on each line.	enter the mode of dying, su	ch as cardiac or re	apiratory arrest,	Approximata intervai Between							
IMMEDIATE disease or resulting in	y list conditions, ing to immediate by UNDERLYING	a. DUE TO (OF	R AS A CONSEQUENCE OF):	onter the mode of dying, su Dy 5 rh y Hi	ch as cardiac or re	apiratory arrest,	Approximata intervai Between							
IMMEDIATE disease or resulting in	y list conditions, ing to immediate by UNDERLYING	a. DUE TO (OF	on each line.	onter the mode of dying, su Dy 5 rh y Hi	ch as cardiac or re	apiratory arrest,	Approximata interval Between Onset and Death 2 hours 2 hours							
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State of Maryland / Department of Health and Mental Hygiene 96

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	Exami		4e. Facility Neme (If not institution, give street and number)							4b. City, To	wn, or Lo	ocation of Dee									
			4427 Wi	ndsor Fa	rm Road	1					На	rwoo	wood Anne Arundel								
	Funeral		5. Social Security N		6. Sex 7. Age (In yrs			birthdey)		er 1 Yea	If Under	24 Hrs.	8. Date of B (Month, D	irth				e or Foreign			
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	with a			lleview A						ip occas	19464				10g. Citizen of Whet Country? United States						
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland	23 ath	ra		rieview 1			1161110														
	er de	S	11. Marital Status		Armed F	Forces?	Ever In U,S. 13. Was Decedent of Hispenic Origin? If Yes, specify Cuban, Mexican, Pu					gin? (Sp 1, Puerto	ecity Yes or N Rican, etc.)	0-		e - Americ k, White,					
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	d 2 should be filed within 72 hours after death with the Marylar th and Mental Hygiene. 7 is marked other than "natural", or items 23a or 28af show traumatic event, the Medical Examiner must be nothed as	1	19e. Informent's Ne	me/Reletionship	(Type, Print)			19b. Melling Address (Street and Number or R					al Route Num	ber, City	or Town,	Stete, Zip	Code)				
	alth alth		Jan A. I	Nye-Son	1715 St. Peters Rd. Pottstown							n, Pennsylvania 19465				9465					
	permit. Pages 1 and Department of Health Important: If Item 27 any Injury or other th pages.		20e. Method of Disp				20b. Plece ceme	of Dispo	sition (N	eme of	ace)		Dete	20c. l	ocation -	City or To	wn, State				
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	permit. Pa Departmen Important: any Injury				**		Highi				Park							ylvani			
Ba	Depariment International Inter		22. Name and Address of Facility ohn M. Taylor Funeral Home, In 147 Duke Of Gloucester St. Annapolis, MD 2140												, Inc.						
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			23a. Part I. Enter the shock, or hee	ne disease, or con rt feilure. List only	npilications that y one ceuse on	eech line.	e death. D	o not ente	er the mo	de of dy	ing, such as	cardiac	or respiratory	arrest,			Approxim intervel B	late Jetween			
Α.	Physician					n.	1/10	J;	F.		1	10	1 ,	\cap		į	Onset an	d Death			
и	/Medical Examiner		Immediate Ceuse (Final disease or condition										1	OMO							
п	LAGITITIE		resulting in death)		(7 DI	Due to (or as a consequence of):)										1.				
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Ö	law requires that the death as been signed by the atter 2 should be detached for a	Physicia	Pert II. Other signif	cant conditions	contributing to death but not resulting in the underlying cause given in Pert I.							23b. Did tobecco uss contribute to the cause					e of death?				
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	ding Ph h. After th funeral		27. Manner of Deetl	5 Pending	28a. Dete	e of Injury onth, Dey Y	(ear) 28b	. Time of Injury		28c. Inju	ry et		28d. Describe	how Inj	ury occur	red					
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State of Maryland / Department of Health and Mental Hygiene

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								Ce	rtificat	te of	Death			Re	g. No.			
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À	Exami		4e. Fecility Nema (If not instituti Physicians Memor								46. City, To LaPlata		ocation of	Death	4c. County Charle			
	Funeral Director		5. Social Security Number 235–26–2845	6. Se	9x X M 2□ F		n <i>yrs. l</i> es 33	st birthday) Yrs.	If Unde Months	Days		24 Hrs. Min.	6. Dete	of Birth	Year 1912	9. Birth	plece (Ste	ta or Foreign
	the Maryland 28a-f ehow	tor	Usual Residence of Decedant 10e. Stete 10b. Coun MARYLAND CHA		6	10	Oc. City,	Town or Lo	ecation ANTO	VN.								a City Limits
	th with the 23a or 28a	I Direc	10e. Street end Number 5679 HUCKLEBE	RRY	DRIVE				10f. Zip	Code	20617			10	g. Citizen of			
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Baltimore,	852		20a. Mathod of Disposition 1 Mathod Burial 2 □ Cremetion 4 □ Donation 5 □ Other (Specify)	n Stete	cen	ce of Disponentary, creal	natory or o	other pla	ENS,	JULY	9, 1		Oc. Location -			
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	Physician /Medical Examiner		23a. Pert1. Enter the disessa, shock, or heart fellure. List immediate Cause (Finel disease or condition resulting in death)	or comp		causad the	deeth.	Do not ent	er tha mod	da of dy	ing, such es	cardlec	or respiret	ory erre	st,		Approxi Interval Onset a	mete Between nd Death
ox 68760,	aath certificete be executed attending physician end for use as the buriel-transit	√Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or injury that initiated evants resulting in deeth) Last	{	b		a to (or e	es a consecues a consecues a consecues		tw.	P	Ajı	_ U F	RE			2 - 3	SWEE
O. Bo	that the death ned by the atter detached for u	Physician	Part II. Other significant condit	ions co	ntributing to	death but n	ot resulti	ing in the u	nderlying o	ause gi	ivan in Pert I		23b.	Did tob	acco use co	ntribute	to the cau	se of death?
rds, P.	8 5 2	þ											24a.	Was en	s 2□ No autopsy	24b. V	/ere eutop	sy findings
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Vita	lcian: certific rector,	o Be C	25. Wes case referred to medic examiner? 1 ☐ Yes 2 No		Hospitel:		۵۵-	D/O-1111		Ot	hor		h (Check				~ .	
ion of	After fune	I	27. Menner of Death 1 Neturel 5 ☐ Pend	ing tigetion	28a. Dete	Inpatient of Injury oth, Dey Ye	2	R/Outpatier 8b. Time of Injury	-	28c. Inju	4LI NU				v Injury occur		ity)	
Division		Certification:	3 Suicide 6 Could deter	I not be mined	26e. Plac	e of Injury ding, etc. (5		e, ferm, str	eet, factor	y, office				tion (Street Town,	set end Numl Steta)	ber or Rui	ral Routa N	lumber,
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	edical	29e. Certifier 1 Certify (Check only one) 1 Medica	ng Phy I Exami	reician: To the liner: On the liner	e best of m basis of exe nner stated	eminetio	edge, deeth n end/or in	occurred restigetion	et the ti	ime, dete en opinion, dee	d plece, th occurr	and due to	the cau	use(s) end ma te end plece,	anner as and due	stated. to the caus	sa(s)
	To the To the comple	Me	29b. Signetyre and title of certifit	للا		Atts	ndi	3	D	c. Licen 4443	se number			J0	d. Date signe	6 (Month	Dey, Yea	96
		-1	Ashvinkumar Patel,	MD	603 Post	t Offic	ce Ro	ad Su	ite 20	7 W	aldorf	MD 2	20602		,			
	Sta Registi		31. Dete filed (Month, Day, Year	0 19	96. 32.	Registrar's	Gignatur Luciu	or Ren	lell									

Registrar

118 MO ST 117 CO. T. Let The C. L. MO S. Moure C. L. Marier 25.

State of Maryland / Department of Health and Mental Hygiene

96

					Ce	rtificate	of De	eath			Reg. No.		
		1. Decedent's Neme (First, Middle, I	.ast)							2. Dete of De	eth	V	3. Time of Death
Physic /Medi		MARY MARGARE	T	NOLA	N					Month July 2	Day 1996	Yeer	1:15 A.1
Exami		4a. Facility Neme (If not Institution, g	ive street end nu	m <i>ber)</i>			4b. 0	City, Town		ation of Deat	- 1	y of Death	
		Memorial Hospita	1 & Medi	cal Cen	ter			Cumb	erla	and	A11e	gany	
Funeral			Sex	7. Age (In yrs. I		If Undar 1 Y Months D	ear If	Under 24		8. Deta of Bi (Month, De			oleca (Steta or Forei
Director		220-26-9482 Usuel Residence of Decedant	1□M 2120F	65	Yrs.	Months	oys I	iours	IVIIII.	Mar 1		MI	
yland		10e. State 10b. County		10c. City	. Town or Lo	ocation						1	0d. Inside City Limi
Na Z	to	MD Allegar	ìv		Cumber	rland							1√ Yas 2□
r 28	rec	10e. Straat and Number				10f. Zip Co	de				10g. Citizan of	What Cour	ntry?
h wit	Funeral Director	567 Cromwell Te	rrace			21	502				US	Z.	
items in	ner	11. Marital Stetus		dant Ever in U,		Wes Decedant	of Hispa	nlc Orlgir	? (Spe	cify Yas or No)- 14. Re	ce - Americ	
or its		1 ☐ Nevar Married 2 ☑ Married		2/2 No		If Yes, specify			ruarto F	icari, etc.)		ck, White,	etc.
ral',	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giv Yaer or D			1□Yes 2X	INO S	pecify:			Speci	y: T	white
s 1 and 2 should be filed within 72 hours after death with the Maryland if Haalth and Mental Hygiane. Item 27 is marked other than "natural", or items 23a or 28a-f show other treumstic event, the Medical Examinar must be notified as	Completed	15. Decedent's (Specify only highest of			16e. Dece	dent's Usuei O	ccupetion	n na most o	f workin	0	16b. Kind of E		
thin the	npie	Elemantery/Secondery (0-12)	Collage (1	-4or 5+)	life.	kind of work d DO NOT usa r	etired)	ig moor o	, working	8			
w bed w	Sol	12			hamem	aker					own h	ame	
lal Hy	Be	17. Fether's Name (First, Middla, La	st)				18	. Mother's	Nama	(First, Middle	, Maiden Sume	m <i>e)</i>	
Meni Meni Meni Meni Meni Meni Meni Meni	2	Arthur Fazenba	ker					Lill:	ie C	. Enfi	eld		
and and a me		19a. informant's Neme/Relationship	(Type, Print)		19b. Maille	ng Address (S	treet end	Number	or Rura	Route Numb	er, City or Town	, Steta, Zip	Code)
s 1 and if Haalth		Daniel F. Nolar	-husband	i	567	Cromwe]	Ll Te	errac	æ;	Cumber	land, M	D 215	02
		20e. Method of Disposition 1 □ Buriel 2 ☑ Cramation 3	□ Domouel from	0.0	ece of Dispo matary, crar	natory or other	of r piece)		1	Date	20c. Location	- City or To	own, Stete
Pages nant of h int: If ite ury or of		4 □ Donation 5 □ Other (Spec			berla	nd Cren	nator	V		7-05	Cumber	cland	. MD
permit. Page Department of Important: If any injury or once.		21. Signeture-of Funeral Service Lic	ensee ,			2. Nama and A	ddress o	Fecility				. 20210	
89558		1 Channe -	7-M	mani		Scarp	elli	Fune	eral	Home			
		23a. Pert1 Entar the diseesa, or co	nplications that c	eusad theydouth	Do not ent	Cumbe:	f dyling, si	uch as ca	rdiac or	respiretory e	errest,	1	Approximeta
Physician		show, or heart failure. List on	y ona ceusa on a	ach line.									Intarvel Batween Onset end Death
/Medical		Immediate Cause (Final	0		c 1							į	
Examiner		diseesa or condition resulting in death)	a. Caro	inoma o									6 months
1191,00	ē			Dua to (or	as a consec	quence or):						i	
uted	Examiner	Paramentally list one divisor	b	Due to /or	es a consec	augono off:							
icete be axecuted physician and s the burial-transit	Exa	Sequentielly list conditions, if eny, leeding to immediate cause. Entar Underlying Cause (Disease or Injury		Due to (or	es a consec	quence ory.						1	
s be	cai	thet miliated evants	C	Due to for	as a conseq	mence off.							
ertificete be axecuted Jing physician and se as the burial-transit	Medical	rasulting in death) Lest		542 10 (01	40 4 0011000	juditoù orj.							
0 2 3	Physician/		d										
0 0 2	ysi	Pert II. Other significant conditions	contributing to de	ath but not resu	iting in the u	ndarlying ceus	e given ir	Pert I.		23b. Did	tobacco uss co	ontributa to	the causa of deat
hat the detack		Chronic obstruc	tive pul	monary	diseas	se				10	Yes 2 No	3 Pro	bably 4 Unkno
8 6 8	1 by									45104400	21111202	T 0.45 144	a valat Asala i Markin
been s	Completed										an autopsy ormed?	av	ere autopsy finding allable prior to mpletion of causa
aw 2 s s	ngu											of	death?
	S									1 🗆	Yes 2 No	10	☐ Yas 2☐ No
Physician: The this certificate and director, pa	Be	25. Wes cese referred to medical examiner?					28	. Place o	f Deeth	(Check only	one)		
Physic this ce	2	1 ☐ Yes 2 2 No	Hospitel:	npatient 2 E	R/Outpatier	nt 3 DOA	Other:	4□ Nursi	ing Hom	e 5 Resi	idence 6 🗆 Oti	har (Specif	y)
D 0 9		27. Mennar of Death 1 Naturel 5 ☐ Pending	28a. Dete d (Mont	of Injury h, Dey Year)	28b. Time of Injury	28c.	Injury et Work?		2	8d. Describe	how Injury occu	rred	
Attending ir daath.	Certification:	2 ☐ Accident invastigeti						2 🗆 No					
r Att	THE PERSON	3 ☐ Suicide 6 ☐ Could not datarmina	d 256. Place	of Injury - At horng, atc. (Specify,	ne, farm, str	eet, fectory, of	fice		2		Street end Num wn, Stete)	ber or Rura	i Routa Number,
rs af													
To the Hospital or Attanding Within 24 hours after death. To the Funeral Director: After completely filled in by the fun	edicai	29a. Certifier 1 Certifying F (Check only one) 2 Medical Exp	hysician: To tha minar: On the be end mann	isis of exemineti	tedga, daatt on end/or in	n occurred at the vestigetion, in r	ne time, o my oplnic	lata and p on, daath	olace, ai	nd due to the d et the time,	ceuse(s) and m dete end plece,	enner as st and due to	tated. tha causa(s)
ithin of the	M	29b. Signeture and title of	ong man	iei steteu.		29c Lle	cense nu	mher			29d. Date signe	ed (Month	Day Year)
FIFS		47	0								- A		
		4-4	John				3280				L	, 199	v
4.0					1						//		
118		30. Neme end address of person whi	completed ceus	a of death (Item	23a) (Type,	Print) 625	Ken	t Ave	enue	, Suit	e 101		
fles		Dr. Sunil Gupta, 31. Dete filed (Month, Dey, Year)	Johnson	a of daath (Item <u>Height:</u> egistrer's Signet	s Medi	eal Bu	Ken ildi:	t Ave	enue Cum	, Suit berlar	e 101 nd, MD	2150)2

3 15 P

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

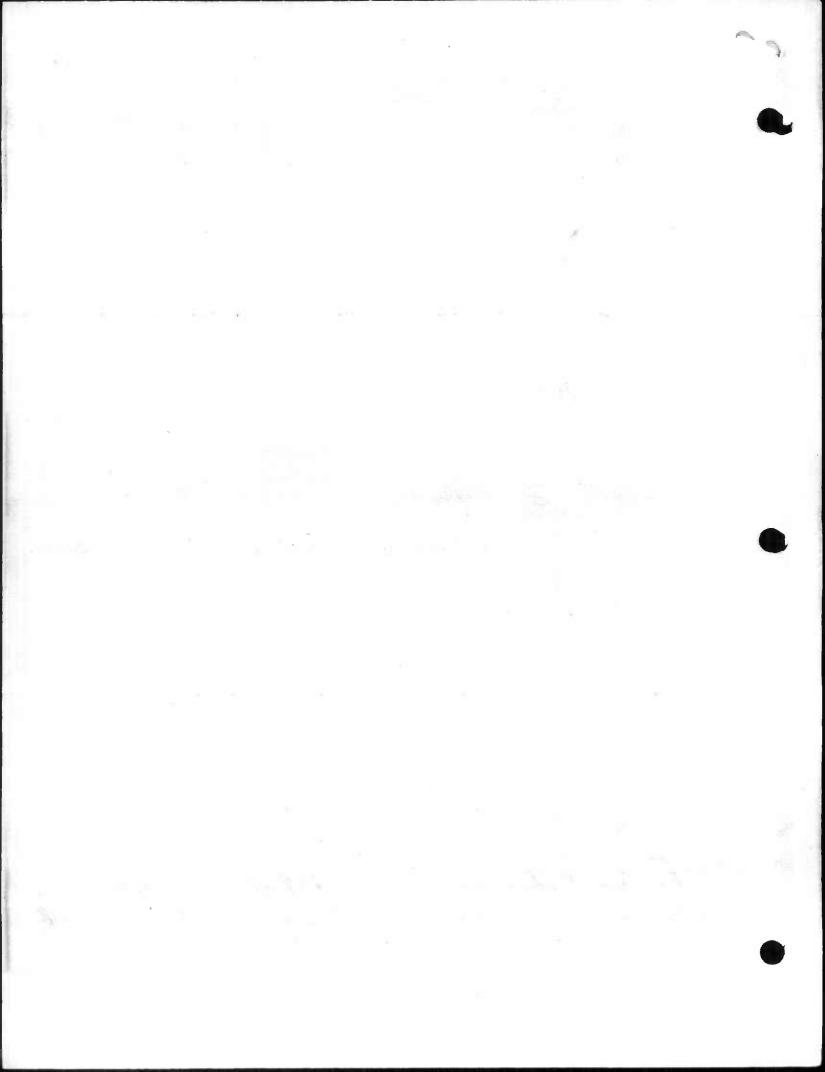
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR		STATE OF N	/MARYLAND CE				DEAT			HYGIENI REG. NO.	E		
9	1. DECEDENT'S NAME (First	t, Middle, Last)					. 0.	DEA		2. DATE OF				3. TIME OF DEATH
	Mabel	Hanco	ck Outte	n					- 1	монтн 06	23	199	YEAR	2:05 a M
	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	- 1).		IPLACE (State or Foreign
1	220-16-9755		1 □ M 2 🌣 F	92	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D. 11/1	6/190	13	Countr	yinia
- 3	9a. FACILITY NAME (If not in		eet and number)			96. CITY	, TOWN C	OR LOCATIO	ON OF DE		0/150		INTY OF D	
OR	5933 George	Island	d Landin	g Road		St	ockt	con					orces	
5	RESIDENCE OF DEC													
E		10b. COUNTY				Y, TOWN		TION						10d. INSIDE CITY LIMITS?
LD	Maryland 100. STREET AND NUMBER	Worces	ster		Sto	cktc								1 YES MO
PA			3 T 32				101	. ZIP CODE				10g. CIT		VHAT COUNTRY?
FUNERAL DIRECTOR	5933 George	ISTAIR		T EVER IN U.S. ARM	150	Lan		2186					USA	
正	1 Never Married 2	Married	FORCES? 1	YES 2 NO)		If yes, spe	ecify Cuba	n, Maxican	IC ORIGIN? (S), Puarto Rica	n, atc.)	or No—		— American Indian, i, White, atc.
BY	3 X Widowed 4 Divo	erced	IF 123, GIVE W	AR OR DATES			1 📋 YES	≱XXNO	Specify:				Speci	white
COMPLETED	15. DEC (Specify only	EDENT'S EDUC	ATION completed)	16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON st of workin		16b, KII	ND OF BUS	INESS/IN	DUSTRY	
9	Elementary/Secondary (0	-	College (1-4 or 5 +	Hin I	Do NOT us	se retired.)	uuring mo	st or workin	g					
₹	9			Home	make	er								
	17. FATHER'S NAME (First, M.							18. MOTH	IER'S NAM	AE (First, Midd	lle, Maiden S	Sumame)		
B	Fdward Thomas 19a. INFORMANT'S NAME (7)		en							iston				
2	Jacqueline I									oute Number, (04054
									Lan					, Md.21864
	20a. METHOD OF DISPOSITI P Burlal 2 Cremation 4 Donation 5 Other	Remov	val from State	20b. PLACE AN cometery, crem Porters	atory or o	ther place)	ITION (Na.	me of		OATE	20c. LOC		City or To	
	21. SIGNATURE OF FUNERAL		NSEE	FULUEIS	<u>/1116</u>			D ADDRES			Sto	CKTO	n, Ma	aryland
	15	4 0	- 1	melan		M	elsc	n Fu	nera	1 Home	_			
	22 PART I Enter the di	1	<i>> //</i>	1,1014(15)	7	P	O Bo	ox 64	, Po	comok	e Cit	y, N	/d. 2	1851
		eart fallure. L	ist only one cau	se on each line.	in. Do r	not enter	the mod	de of dyl	ng, such	ss cardiec	or respir	atory sn	rest,	Approximate interval Between
	iMMEDIATE CAUSE (Fin disease or condition	isi	101	- 1 . /)			1	,		Onset and Death
	resulting in death)	→ a.	DUE TO	ebral (OR AS A CONSEOL	IENCE O	MAS	CJ	/an	- 0	26-6-1	de	1-	-	24 hrs.
_				(011 70 7 00110200	LIVE O	,								
CERTIFICATION	Sequentielly list conditi if any, leeding to immed	ions,	OUE TO	OR AS A CONSEOU	IENCE OI	F):								
S	cause. Enter UNDERLYI CAUSE (Disease or Injur	NG												
E	that initiated events resulting in death) LAST		DUE TO	OR AS A CONSEQU	ENCE OF	F):								
H	resolding in destri) LAS	d.												
	PART II. Other significan	nt conditions	contributing to	death but not rea	ulting i	in the un	deriying	ceuse g	iven in F	Part I. 244	. WAS AN A	UTOPSY	24h	WERE AUTOPSY FINDINGS
ICAL											PERFORM	AED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
MED										_ ''	YES 2	XNO		OF DEATH?
ä	DID TOBACCO US	SE CONTRI	BUTE TO CAL	USE OF DEAT	H YE	S \square N	10 T	UNC	ERTAIN					1 YES 2 NO
N	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL		26. PLACE										
VSI(1 - YES ZYNO		HOSPITAL:	ER/Outpatient 3	DOA	OTHER	t: ing Home	5 Ras	sidence 6	Other (Sp	ecify)			
PHYSICIAN:	27. MANNER OF DEATH		26a. OATE OF (Month, Da	INJURY ly, Ybar)	26b. TIMI INJ	E OF URY	26c. INJU			28d. OEŞCRII	BE HOW IN	JURY OC	CURED	
B	7.1	Pending investigation				M	1 🗌 Y	ES 2 [NO					
		Could not be	26a. PLACE OF building, a	INJURY — At home etc. (Specify)	o, farm, s	street, facto	ory, office			26f. LOCATIO City or To	N (Street an	d Number	or Rural A	oute Number,
린	(Check only one)	IFYING PHYSICI	AN: To the best of a	my knowledge, deat	n occurre	d at the ti	me, data :	and place,	end due to	o the cause(a) and mann	or an atat	ed.	
COMPLET			On the beals of ax	amination and/or inv	reatigatio	n, in my o	pinion, de	ath occure	d at the ti	lme, data and	placa, and	due to th	a cause(a)	and manner as stated.
H	296. SIGNATURE AND TITLE	OF CERTIFIER	/	m P				29c. LICE	NSE NUME	BER		29d. DAT	E SIGNED	(Month, Day, Year)
2	ahren	J/1/4	Lone	T				0	469	7 98)(>	7/2	196
-	30. NAME AND ADDRESS OF	PERSON WHO		E OF DEATH (ITEM :	27) (Туре,	Print)							1 /	. 0
3	31. DATE FILED (MANNER DOWN	Mari		MA	304	7	1/1	1 mg	15	5+,		104	shi	11 mg
	31. DATE FILED (Month, Day,)	1996	PALA AM	elear Rayle	11									
			The same	- COLOR	4									



State of Maryland / Department of Health and Mental Hygiene

96 21630

			Ce	rtificate of	Death		Reg. No.		- 1000
	1. Decedent's Neme (First, Middle, L.	nst)				2. Dete of D			3. Time of Death
Physician	Sadio Form D	nillips				Month 0.7	O 4	Yeer	11:17am
/Medica Examine	A - 50 - 180 - 18 66 A to - 40 - 41				4b. City, Town, o	r Location of Dee			11:1/am
CXamme	and the second second						,		
	North Arundel 5. Sociel Security Number 6.		ent cen In vrs. lest birthdevi		Glen Bi		Anne		
uneral		1DM 2DE	Yrs.	Months Deys	Hours Mi	n. (Month, D	ey, Year)		ace (Stete or Foreign try)
irector	286-24-6242 Usual Residence of Decedent	93		6 26		12-0	8-1902	VA	
1.	10a. Stete 10b. County	11	Oc. City, Town or Lo	ocation				16	Od. inside City Limits
Instituel, or items 23s or 28e-f show solicis. Examiner must be nutified at least the formal phractory.								'	1 ☐ Yes 2 ☐ No
8 8	Maryland Anne	Arundel	Pasa						
Directo	10e. Street end Number			10f. Zip Code			10g. Citizen of \	What Coun	try?
Firmered	1515 Park Lane			2112	2		USA		
1 2	11. Maritel Stetus	12. Wes Decedent Eve Armed Forces?	er in U,S. 13.	Wes Decedent of I If Yes, spacify Cub	Hispenic Origin?	(Specify Yes or Nerto Rican, etc.)		e - America	
		1 ☐ Yes 2 ☑ No if Yes, Give		1□ Yes 2□No		,			,
1		Yeer or Detes:		LEANO ELANO	opeony.		Specify	Wh	ite
Completed	15. Decedent's E (Specify only highest gr		16a. Dece	dent's Usuel Occup	petion	nekina	16b. Kind of B	usiness/Ind	ustry
100	Eiementery/Secondery (0-12)	College (1-4or 5+)	life.	DO NOT use retire	d)	Urkaig			
100	12+		Н	omemake	r		Home		
Re	17. Fethar's Neme (First, Middle, Las.)				ame (First, Middle	e, Meiden Sumen	ne)	
To	George Crowe				Lelia	Butler			
	19a. Informant's Neme/Relationship	Type, Print)	19b. Meili	ng Addrass (Street	and Number or I	Rural Route Numi	ber, City or Town,	State, Zip	Code)
	Gloria Kraus		15	15 Park	Lane	Pasadon	a MD 2	1122	
	20e. Method of Disposition		20b. Pieca of Dispo	osition (Neme of		Dete	20c. Location -		wn. Stete
	NOXBuriei 2 ☐ Cremetion 3 ☐		20,000	metory or other ple					
	4 ☐ Donetion 5 ☐ Other (Speci			erans C		7/8	Crowns	ville	e,MD
	21. Signeture of Furniral Service Lice	1969		2. Name end Addre			7 77		
once.	- Ames	A/2016		Barranc 495 Rit					WD 211//
	23a. Pack. Enter the disease, or dort swock, or head failure. List only	plications that caused the	beath. Do not en	ter the mode of dyl	ng, such es cerdi	ac or respiretory	errest,	I K	MD 21146 Approximete
1	SHOCK, of head failure. List only	one cause on each sne.						i	interval Between Onset end Deeth
it	Immediate Cause (Final	0	0 = 0 -	1	- / 7	-			0
r	Immediate Cause (Final disease or condition resulting in death)	· 1 cyo	arciea	D IN	fard	w		J	ew his
9		// Du	e to (or es e conse	quence of):	1				- 14
1.5		b	y perle	usun				1	2 Jean
Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Dy	e fo (or es a consec	quenca of):				į	
		С.						i	
edicai	thet initieted events resulting in deeth) Lest	Due	e to (or es e consec	quence of):					
Me		4						i	
2		u.						1	
Physician	Pert II. Other significant conditions	contributing to death but n	ot resulting in the u	inderlying cause gh	ven in Pert i.	23b. Dlo	tobacco use co	ntributa to	the cause of death?
Å.	Cal	()				1	Yes 2 No	3 □ Prob	ably 4 Unknown
by F	- dick	Shus &	Indu	0.		_ '-			
							s en eutopsy	24b. We	re autopsy findings
Completed							ormed?	eva	ilable prior to npletion of cause
gu								of c	leath?
						1	Yes 2□No	1 🗆	Yes 2□ No
B						aath (Check only	ona)		
P	1□ Yes 2□ No	Hospitel: 1 Inpatient	2 ER/Outpetier	nt 3 DOA Ott	ner: 42 Nursing	Home 5 ☐ Res	ildence 6 🗆 Oth	er (Specify)
		28a. Date of injury (Month, Dey Ye	28b. Time o	f 28c. Inju	y et	28d. Describe	how Injury occur	red	
ertification:	1 ☑Natural 5 ☐ Pending 2 ☐ Accident Investigation		nijory		Yes 2□No				
Hick	3 Suicide 6 Could not be determined	28e. Flece of injury	At home, ferm, str	reet, factory, office			(Street and Numb	per or Rura	Route Number,
er	4 Homicida	building, etc. (3	Specify)			City or To	own, Stata)		
Si C		ysician: To the best of m	v knowledge deet	h accurred at the time	me date and play	no, and due to the	course(s) and me	nnor ac et	ntod
edicai	(Check only 2 Madical Examone)	niner: On the basis of ex	eminetion end/or in	vestigation, in my	plnion, deeth oc	curred et the time	, dete end place,	and due to	the ceuse(s)
Me		end menner steted	le ·	29c, Licens	a number		29d. Dete signe	d Wanth	Pay Vaarl
	250. Organization and title of certifier	11. 1 -		200. LIGHTS	3/3-	7	zou. Dete signe	a month, L	79/, 10al)
	Kam V.	alypeure	m	1)0	650 1	′	7/8/	96	
	30. Neme end addrass of person who	completed cause of daeti	h (Itam 23a) (Type,	Print)	(a m = 1/1	01 2	11-		
	RANI S. IVA.	PIPINEN	11. 48	Print) HOO ANN	APOLIS	10,00	curune	MI	0 2/227.
State	31. Dete filed (Month, Dey, Year)	32. Registrer's	Signeture						1
trar	JUL 1 2 1996	Julia Dirdson	-Mandella						
		41							

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

21631

100			Decedent's Name (First, Middla, L.	est)	001	imouto of	Doutil	2. Data of De	Heg. No.		3. Tima of Daath
	Physic	ian						Month	Day	Year	
	/Medi		ALDEN CLIFFO)N		4b. City, Town, or I	JULY	7 199		3:40 A.M.
	Exami	ner	4a. Facility Name (If not institution, gi				Camp Spr ANDREWS A				DOEC
-			MALCOLM GROW MED 5. Social Security Number 6.	OLCAL CENTER Sex 7. Age (In yrs.	last histhelass)	If Under 1 Year	The state of the s				
ı	Funeral Director			10 M 20 F 76	Yrs.	Months Days		(Month, De	er 5,19	9. Birthi Cour 19 N	place (State or Foraign ntry) IN
	anyland show		10a. State 10b. County	10c. Cit	y, Town or Lo	cation				1	10d. Inside City Limits
	the Maryla 28a-f sho	to	Maryland Prince	George's C	amp Sp	rings					1 ☐ Yes 2 No
	or 28s-f	lrec	10e. Street and Number			10f. Zip Code			10g. Citizen of N	What Cou	ntry?
	th wit	alD	7200 Easy Street			2074	8		U.S.	Α.	
	Reme In	Funeral Director	11. Marital Status	12. Was Decedent Ever in U Armed Forcas?	,S. 13. V	Was Decedent of	Hispanic Origin? (S ban, Maxican, Puert	pecify Yas or No)- 14. Rac	e - Amarick, White,	can Indian,
020	a 9 E	by	1 ☐ Never Married 2 ※ Married 3 ☐ Widowed 4 ☐ Divorced	1 Nes 2 No If Yes, Give Year or Dates 943-1		1□Yas 2□\No		7 110211, 0101,		w. Whi	
5		etec	15. Decedent's E (Specify only highest gr	ducetion ada complated)	18a. Deced	dent's Usual Occu	pation during most of wor	kina	16b. Kind of B	usinass/in	dustry
21215-0020	iene. then	Completed	Elementery/Secondary (0-12)	Coilege (1-4or 5+)		oo NOT use retin er Air F	e during most of wor ed) Lt. Col orce	•	U.S. G	overn	ment
pu	of the other	Be	17. Father's Name (First, Middle, Las				18. Mother's Nar	na (First, Middle	, Meiden Suman	ne)	
× a	Men Men arke	2	Carl Oscar Pet	erson			Ellen	Ben	sen		
Maryland	2 sh and is m		19a. informant's Name/Relationship	, ,, ,			et and Number or Ru				
e)	permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg Important; if fem Z7 is marked other any injury or other traumatic event, page.		Betty J. Peterson				reet Camp				
Baltimore,	M of H		20a. Method of Disposition 1 ☐ Burlal 2 ☐ Cremation 3 [oco) July 1		Chelter		Maryland
tim	rtmer rtant:		4 Donation 5 Other (Speci		-		terans Ce				_
Bal	Depariment in post		21. Signature of Funeral Service Lice	nsea	1		ress of Facility Le			,	
			14 199	al _						iton,	Md 20735
			23a. Part1. Entar the disaasa, of con shock, or heart fallure. List only	pplicetions that caused the deat one ceuse on each line.	h. Do not ente	er the mode of dy	ring, such as cerdiad	or raspiratory a	rrast,	1	Approximata Interval Between Onsat and Death
	Physician /Medical		Immediata Cause (Final							1	Crisal and Death
	Examiner		disease or condition resulting in death)	aRESPIRATORY I	FAILURE	3					1 WEEK
		ē			or as a conseq	juence of):					1 11007
	uted d ansit	in in in		RENAL FAILURE	or as a conseq					<u> </u>	1 WEEK
ó	axec un an rial-tr	Exa	Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Cause (Disease or injury that initiated events		as a conseq	derice or).				1	VEADC
ox 68760,	h certificata be axecuted anding physician and use as the bunal-transit	an/Medical Examiner	Cause (Disease or injury that initiated events	c.DIABETES Due to (o	r as a consequ	uance of);					YEARS
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Box	th ce tandii or use	an/		d						1	
	requires that the death certificate be axecuted en signed by the attending physician and thould be detached for use as the burial-transit	Physicia	Part ii. Other significant conditions	contributing to death but not res	ulting in the ur	nderlying ceuse g	iven in Part I.	23b. Dld	tobacco use co	ntribute t	o the cause of death?
P.0	d by							1)[]	Yes 2□ No	3□ Pro	bably 4 Unknows
S	ras th	þ								T	mental control of the control of
Records,	require been si should	Completed						24a. Was	an autopsy ormad?	av	era autopsy findings railable prior to emplation of ceuse
3ec	> 20 00	du								of	death?
E								10	Yas 2∏No	1 (☐ Yes 2☐ No
Vital	Physician: r this certific iral director,	Be	25. Was cese referred to medice! axaminer?	Hospitai:		0	28. Place of Dea	th (Check only	one)		
ō	D 00 %	. To	1 ☐ Yes 2 ☒ No 27. Manner of Death	1 🖾 Inpatiant 2 🗆	ER/Outpatien 28b. Time of	I SLI DOA	4 Li Ruising H		dence 8 Oth		(4)
5	ding f h. Aftar funar	to	1 Natural 5 Pending	(Month, Dey Year)	Injury	Wo	ork? ☐Yes 2☐No	200. Describe	now injury occur	160	
Division	or Attending after death. Director: Aftai d in by the fune	flca	3 ☐ Suicide 6 ☐ Could not b	OB Dines of Injury At he	ome, ferm, stre			28f. Location (Street end Numb	per or Rure	el Route Number,
S	after Dire	Certification:	4 Homicide	building, etc. (Specify	r)	,		City or To			
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th compiataly filled in by the funeral	edical C	29e. Certifier 1 Certifying Pt (Check only one)	nysician: To the best of my kno- miner: On the basis of examinal and mannar stated.	wiedge, deeth tion and/or Inv	occurred at the trestigation, in my	ime, date and plece opinion, deeth occu	, and due to the rred at the time,	ceuse(s) and me date and place,	enner as s and due to	stated. the ceuse(s)
	o the	Me	29b. Signature and title of certifier			29c. Lican	sa numbar		29d. Data signe	d (Month,	Dey, Year)
	F>F0		1 / solo and	P-1.60		1712	8 AT.		JULY 7	1996	
			30. Name and address of person who	completed ceuse of death (Item	23a) (Tvna 1		W PERIME				
			MICHAEL E COGHLA	N. CAPT. USAF.	MC	ANDD	EWS AFB M		2-6600		
	Sta	te	31. Date filed (Month, Day, Year)	32. Registrar's Signa	ture	2411510					
	Registr	ar	31. Date filed (Month, Day, Year)	1996 Julia d	houles A	ardall					

DHMH 16 Rav 6/95

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Marvland / Department of Health and Mental Hygiene 96 21632

					Certificate of	f Death		Reg. No.	20 2103
Phys	cian	Decedent's Name (First, Middle, La	ist)		0	11	2. Dete of D Month	eeth Dev,	3. Time of Deeth
/Med Exam	dical	4e. Fecility Neme (If not institution, given PENINSULA REGIO)		CENTE	Pennew		or Location of De	ith 4c. County	196 2116
Funera Directo		5. Societ Security Number 6. S	Sex 7. Age	(In yrs. lest bir	thdey) If Under 1 Year Months Dey			irth hay, Year)	Birthplece (State or Fore Country) MARYLAND
pu .		Usuel Residence of Decedeni 10e. Stete 10b, County		10c. City, Tow	and analysis				
e Meryla	Director	MARYLAND WICOMIC			UITLAND	1.			10d. Inside City Lim 1 Yes 2 □ N
er death with the Merylan freme 23s or 28s-f show net mast by motified at	al Dire	10e. Street end Number 302 POPLAR STREET	, APT. 101		10f. Zip Code 218			10g. Citizen of V	Whet Country?
ours af	by Funeral	11, Marital Stelus 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent E- Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Deles:		13. Wes Decedent of If Yes, specify Cu		(Specify Yes or N erto Rican, etc.)	o- 14. Rec Bled Specify	e - American Indien, ck, White, etc. WHITE
within 72 ho swithin 72 ho liene. r than "natur	Completed	15. Decedent's Education (Specify only highest great programme)		16a.	Decedent's Usuel Occ (Give kind of work don life. DO NOT use retii	upation e during most of и	vorking	16b. Kind of Bu	usiness/Industry
within ene.	du	Elementery/Secondery (0-12)	College (1-4or 5+	·) CH	Tife. DO NOT use retir			POUL	rrv
be file doth	Be	17. Fether's Neme (First, Middle, Last, FRANK PENNEWELL)			18. Mother's N	eme (First, Middle RENCE BRA	e, Meiden Surnem	
d 2 should th and Mer 7 le marke traumatic	5	19e. Informent's Neme/Reletionship (Type Print)	19h	. Meiling Address (Stree				State 7in Code
nd 2 solth ar 27 le		NORA V. PENNEWEL							ND, MD 21826
wmit. Pages 1 end Pertiment of Heelth mooringt-if item 27		20e. Method of Disposition 1	Removel from State	20b. Plece of cemeter	Disposition (Name of y, cremetory or other potential)	(ece)	Dete	20c. Location -	City or Town, Stete JKES, MARYLANI
Physicial /Medica Examine		Part 1 Enter the disease, or com aback, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	· Ven	Oue to (or es e	consequence of):	OCEAN CI	TY ROAD iac or respiretory	SALISBU	JRY, MD 21802 Approximate Interval Between Onsei and Death
tificate be executed g physician and as the buriel-transit	edical Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c. Aecc	oue to (or es e	consequence of):			800	m1815
\$ 0 a	-	resulting in deeth) Lest	d	ue to (or as e c	onsequence of):				
The law requires that the death certitle has been signed by the attendin	by Physician/N	Pert II. Other algnificant conditions of						. /	ntribute to the cause of deal
or Attending Physicien: The law requires the deeth. Director: After this certificate has been signe in by the funeral director, page 2 should be or	Completed b						24e. We	s en eutopsy formed?	24b. Were eutopsy findings evailable prior to completion of cause ot deeth?
The I	E O						1□	Yes 2 No	1 ☐ Yes 2 ☐ No
clan: ertific ector,	Be	25. Wes case referred to medical examiner?					eath (Check only		
hyslo this c	5	1 Yes 2 No	Hospitel: 1 Inpatient		tpelienI 3 DOA	ther: 4 Nursing			
To the Hospital or Attending Physicien: The law within 24 hours after deeth. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	Certification:	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	/ / / / /		ime of 28c. Injury W	ury el ork? ☐ Yes 2 ☐ No	28d. Describe	how injury occur	red
tal or Att rs after d al Direct ed in by	Certif	3 Suicide 6 Could not be determined	28e. Plece of Injur- building, etc.	y - At home, fe (Specify)	rm, street, factory, office	Ð		(Street end Numb own, Stete)	er or Rural Route Number,
To the Hospital or Attending within 24 hours after deeth. To the Funeral Director: After completely filled in by the fune.	edicai	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	yelclan: To the best of niner: On the basis of e end menner slete	xemination en	, deeth occurred et the d/or investigation, in my	time, date end ple oplnion, deeth oc	ca, end due to the curred et the time	cause(s) end ma , date and plece,	nner es stated. end due to the cause(s)
To t To th	M	29b. Signeture end title of cartifier	W Cense	ega.		nse number	366		d (Month, Dey, Year)
		30. Neme and eddress of person who	completed cause of dee	eth (Item 23a) (Type, Print)	0 5	40 KI	U BECS	108 PH.
S Regis	tate trar	31. Date filed (Month, Dey, Year)	32. Registrer	's Signeture	ardall				
NUMBER OF PRINCE	10.E		0						

State of Maryland / Department of Health and Mental Hygiene

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						Certi	ficate of	Death		Reg. I	No.			
n			1. Decedent'a Neme (First, Middla, La	st)					2. Dete d	f Death			3. Time of	Death
н	Physici		Owen	Claude	PRICE				Month		Dey	Yaar 96	26	1-Leg
	/Medi Examir		4a. Fecility Neme (If not Institution, giv	re street end numb	ner)			4b. City, Tow	m, or Location of I	Death .	4c. County	1 4		201
	Exami	iei	901 Frederick St						stown					
-			5. Social Sacurity Number 6. S		Age (In yrs. lest bir	thdev)	If Undar 1 Year	If Under 2		f Birth		ingto		. Faralas
	Funeral Director			18 M 2□ F			Months Days	Hours	Min. (Mont)	Birth Dey, Yea	ir)		lace (Steta or	roreign
ш	_		Usual Residence of Decedant		70				March	9,1	918	Maryl	and	
	and *		10e. Stete 10b. County		10c. City, Town	n or Locat	tion					10	0d. Inside Cit	v Limits
	Aary Sh	5	Maryland Washin		77		_						*CXYes	
	158 th	Director	Maryland Washin	igton	Hager	SLOW	10f. Zip Code			10- 4	Ohi4 M	10A O	- 0	
	F 9 8		901 Frederick Str					0		10g. (Citizen of W		lry r	
	ath 23	Funeral					2174				U.S.			
	ar de	- E	11. Marital Status	12. Was Deceda Armed Force	es?	13. We	s Decedant of H es, specify Cube	łispanic Orig en, Mexican,	in? (Specify Yas o Puarto Rican, etc	r No-		e - Amarica k, White, e		
20	S aff	by F	1 ☐ Nevar Married 2 ☑ Merried	1 X Yas 2 If Yes, Give	_	1□	Yes 2⊠ No	Specify:			Specify	whi	te	
8	d within 72 hours after death with the Maryland jiene. I than "natural", or items 23s or 28s-f show the Maddel Examiner must be notified at		3 Widowed 4 Divorced	1	ns:1942-45									
5	. 30	Completed	15. Decedent's Ed (Specify only highest gra	ducation ade com <i>pleted)</i>	16a.	(Give kin	nt's Usuel Occup ad of work done	durina most	of working	16b.	Kind of Bu	siness/Ind	ustry	
12	within ene.	E	Elementery/Secondery (0-12)	College (1-4	or 5+)		NOT use retired	a)						
7	e filed within al Hygiene. I other than vent, the Me		unknown	1		0	wner	40.44-44	1. ht /Find he		taver			
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Maryland 21215-0020	01 00 12 00		19e. Informent's Neme/Reletionship (_			or Rural Route N					
	of Health Hem 27 i		Mrs. Ruth C. Pric	e/wile				K Stre	et, Hage			-		1740
ore	of H		20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cremetion 3 ☐	Removei from Ste	20b. Plece of cematar	t Dispositi ry, cremet	on (Neme of tory or other plea	ca)	Dete		Location -			
E	Pagas mant of H ant: If Ite		4 □ Donation 5 □ Other (Specif		Smith	hsbur	cg Cemet	ery	7-9-9	5 Smi	thsbu	rg, N	Maryla	nd
Baltimore,	parmit. Pagas Department of Important: If it any Injury or o		21. Signeture of Funeral Servica Licar	isaa D		22. N	lame end Addre	ss of Facility	Minnich	Fune	eral !	Home		
m	20 5 5 8		James 7	Seco		415	East W	ilson	Blvd., H				yland	2174
			23a. Pert . Enter the diseese, or com	plicetions thet cau	sad tha death. Do r								Approximata	
Ų.	Physician	8 6	shock, or heert feilure. List only	one ceuse on eec	h line.							1	Onset end D	veen
A	/Medical		Immediate Cause (Final		0. /	16	Y 10	}	1/	1		į	11	0.
	Examiner		disease or condition resulting in deeth)	θ	200	-7 NC	i w	FUNT	Hen	a.			ा त्रक्र	24
		ē			Due to (or es e	conseque	nca of):					i		
	oned ansit	듄		b	50	1619	12							
,	eath certificate be axecuted attanding physician and for usa as the burial-transit	Examiner	Sequentielly list conditions, if any, leeding to Immediete cause. Entar Underlying		Due to (or es a o	conseque	nce of):							
290	sicia bur	cal	Ceuse (Diseese or Injury thet initieted events	c	Durate (assessed	and the same								
68760,	fication phy structure is the	edical	resulting In deeth) Last		Due to (or es a c	consaquar	nce or):							
XO	carti	M		d										
m	that the death led by the attai detached for i	Physician					12-11-7	1547-111					E = 55 5 M = 5	
o.	tha d	ıys	Part II. Other significant conditions of	ontributing to deat	h but not resulting in	tha unde	orlying causa giv	en in Part I.	23b.	Did tobac	co use con	itribute to	the cause o	f death?
۵.	es that igned b		History	of de	AV19310	n A	and ci	Ancei		1 🗌 Yes	2) No	3 Prob	ably 4□L	Jnknown
ds,	88 50	d by			0	, ,				Man an an		24b Wa	re eutopsy fi	ndinas
O	v requir been si should	etec								Wes en eu performed?		ava	allable prior to	0
Record	2 s	npl											leeth?	1030
		Completed								□ Yas	20 No	1 🗆	Yes 2 !	No
Viita	Physician: The ribis cartificata ral director, pag	Be	25. Was case referred to medical examiner?					26. Plece	of Deeth (Check o	n <i>ly</i> one)				
-	5 00	10	Yes 2□ No	Hospitel: 1 ☐ Inpa	atient 2□ER/Ou	rtpetient	3 DOA Oth	er: 4 Nun	sing Home 5331	Residenca	6 □Othe	er (Specify)	
Division of	ding Pi h. Aftar ti funara		27. Menner of Deeth 1 □ Neturei 5 □ Pending	28e. Dete of I		Time of njury	28c. Injur Wor	y et k?	28d. Desc	ibe how in	jury occurr	ed		
0	Attending or death.	atic	2 Accident investigation	1				Yes 2 □ N	0					
>	or Attendation after deati	t#	3 Suicide 6 □ Could not be determined	286. Prece of	Injury - At home, far etc. (Specify)	rm, street	, factory, office		28f. Locati	on (Street Town, Ste	and Number	er or Rural	Route Numb	00r,
٥	s aft	Certification:		ourising,	olo. (Opcolity)					, , , , , , , ,	,			
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral		29a. Certifier (Check only (Check only (Check only 25€Medical Example:	ysician: To the be	st of my knowledge	, deeth oc	curred at the tin	ne, dete end	pleca, end due to	the ceuse	(s) end me	nner es ste	eted.	
	n 24 n 24 ne Fi	edical	one) 25 KM solical Exam	end menner	s of axeminetion end statad.	d/or invest	tigetion, in my o	pinion, deetr	occurred et the ti	me, dete e	na piaca, e	ind due to	the ceuse(s)	
	To the within 2 To the complain	Σ	29b. Signeture end title of certifier				29c. Licens	e number		29d. [Date signed	Month, [Jey, Year)	
			12/1/10	200 1	(a)		T	7/17	66		4.11.	6	96	
			30. Neme end address of person who	completed cause of	of deeth (Item 23e) (Type, Pri	nt)	110		1	7	4	10	~ ~ ~
			111.4	unto Ho	neital	Horas	erstown	mD	2174	0 19	K. H	OWAR	RD WE	ENS
	Sta	te	31 Date filed (Month Day Year)	32 Posi										
	Registr		JUL 0 8	8 1996 M	eli de de	read	64							



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Yaar 3:45 P.M felle 1996 4a. Facility Nama (If not Institution, giva street and numbar) 4b. City, Town, or Location of De-4c. County of Death NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) If Undar 1 Yaar Months Days 7. Aga (In vrs. last birthday) 9. Birthplaca (Stata or Foraign Days 10 M 2□ F 34 MAY MARYLAND 1 10c. City, Town or Location 10d. Insida City Limits 1 XYas 2 No MARYLAND ANNE ARUNDEL GLEN BURNIE 10f. Zlp Coda 10g. Citizan of What Country? US 7946 FREETOWN ROAD 21061 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - American Indian Black, Whita, atc. ☐ Yas 2☐No Yas, Giva 1 Yas 2 No Specify: BLACK Specify Yaar or Datas: 16b. Kind of Business/Industry

28. Place of Daath (Check only ona)

ROAD #106,

Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify)

28d. Dascribe how injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

ODENTON

29d. Data signed (Month, Day, Year)

MAD 211/3

Director deeth with the Meryland r than "natural", or Items 23e or 28e-f show the Medical Examiner must be notified at permit. Peges 1 and 2 should be filled within 72 hours effer to Department of Health and Mentel Hygiene. Important: if Item 27 is merked other than "natural", or item any injury or other traumatic event, the Medical Examine page.

altimore, Maryland 21215-0020

Physician

/Medical

Examiner

Director

Funeral

Funeral

Love

5. Social Sacurity Number

216-78-8389

10e. Street and Number

11 Marital Status

Usuai Residence of Dacedant

1 XNavar Marriad 2 Married

10b. County

Physician /Medical Examiner

ettending physician end for use as the buriel-transit The law requires that the death certificate be executed signed by the e peen: page 2 s certificate director, funeral

P.O. Box 68760, Division of Vital Records, Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica In by the Funeral Direction To the Hospi within 24 hou To the Funer completely file

Be

Certification: To

Medicai

25. Was cesa rafarred to medical axaminar?

29b. Signature and title officertifier

5 Panding invastigation

8 Could not be datarmined

SINGH

1 ☐ Yas 2 ☐ No

27. Manner of Death

1 Natural

2 Accidant

3 Sulcida

29a. Certifier

4 Homlcide

P 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grade completed) Elamantary/Secondary (0-12) Collega (1-4or 5+) HEALTH CARE PROVIDER 0 12th 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be 2 HERBERT QUEEN CONNIE GALLOWAY 19a, Interment's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) HERBERT QUEEN (FATHER) 7946 FREETOWN RD. GLEN BURNIE, MD. 21061 20b. Plece of Disposition (Name of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Burlal 2 ☐ Cramation 3 ☐ Ramoval from Stata JOHN WESLEY UM. CHURCH CEME. 7/8/96 WATERBURY, MD. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensaa 22. Name and Address of Facility
WM. REESE & SONS MORTUARY, P.A. 2020 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Part1. Entar tha disgasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between Onsat and Death immediata Causa (Final y earl disaasa or condition rasulting in daath) Examiner Sequantially list conditions, if any, leading to immadiata ceuse. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence Physician/Medical Dua to (or as a consaquance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Hne me þ 24b. Wara autopsy findings available prior to complation of ceusa of daath? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 Tyas 2 No

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

1413

28b. Tima of Injury

28c. Injury at Work?

**Cortifying Physician: To tha best of my knowladge, deeth occurred et the time, deta and place, and due to the cause(s) end manner es steted.

2 Madical Examinar: On the best of examination and/or invastigation, in my opinion, death occurred at the time, deta and place, and due to the ceuse(s) and manner stated.

ANNAPOLIS

29c. Licensa number

1 ☐ Yas

2 DNo

28a. Data of Injury (Month, Day Year)

30. Nama and addrass of parson who complated ceusa of death (Itam 23a) (Type, Print)

SIDHY

State Registrar

State of Maryland / Department of Health and Mental Hygiene 96

96 21635

					Certifica	te of	Death	•	Reg. No.		_ 1000
Dhu	!	1. Decedent's Neme (First, Middle, Last)						2. Deta of De Month		Yaar	3. Tima of Deeth
	/siciar ledica		nn Russell						7, 199		4:10 PM
	amine		traet end number)				4b. City, Town, or	Location of Deet		ty of Death	
		90 Point Somer	set Lane				Sever	na Pari	k An	ne Ar	cundel
Fune		5. Sociel Security Number 6. Sex	M OVIE		Months	r 1 Year Days	If Undar 24 Hrs Hours Min	8. Dete of Bi	rth		eleca (Stata or Foreign
Direc	tor	302-42-4895	54	Υ	rs.			May 2	4, 194	2 0hi	
D .	.	Usual Residence of Decedent 10e. Stete 10b. County	10c. Cit	v. Town	or Location					1	0d. Inside City Limits
fanyl f sh	90	Maryland Anne	Arundel			verr	na Park				1 ☐ Yas 2 No
with the Maryland a or 28a-f show	De notified	10e, Street end Number				p Code	ia iain		10g. Citizen of	What Cour	
# 6	8 2		et Lane		101. 21		1146			U.S.A	
15-0020 7.72 hours after death with the Marylar "nature!", or heres 23e or 28e-f show	Winer must	11. Meritel Stetus		S.	13. Was Dace			Specify Yes or No		ce - Americ	
- he	NO I	1 Never Merried 2 Married	 Was Decedent Ever in U Armed Forces? 1 XYas 2 □ No 				lispenic Origin? (S an, Maxican, Puer	to Ricen, atc.)	Ble	eck, White,	
21215-0020 of within 72 hours atter glene. or then "neturel", or he	To a	3 ☐ Widowad 4 ☐ Divorced	It Yes, Give Yeer or Detes:		1 Tes	2 🔯 No	Specify:		Speci	ify: Wh	nite
2 to 1	r, the Medical	15. Decedent's Educ	ation	16a. I	Decedent's Usu	el Occup	etion		16b. Kind of I	Business/Inc	dustry
212	Med A	(Specify only highast grade Elementery/Secondery (0-12)	College (1-4or 5+)	(Give kind of wo life. DO NOT u	ork done i ise retired	during most of wo	orking			
Manual Park	Man.	12+			Eleme	ntar	y Scho	ol Tead	her	Educ	ation
D BEG	meve a							me (First, Middle			
ylar ould b	To		son				Ruth	Smith			
= EDE		19e. Intorment's Neme/Reletionship (Typ	e, Print)	19b.	Meiling Addres	s (Street	end Number or R	ural Route Numb	er, City or Town	n, Stete, Zip	Code)21146
	1 10	Mr. Craig P. Ri			90 Po	int	Somers	et Lane	Seve	rna P	Park, MD
Ore Table	20 20	20e. Method of Disposition 1 ⊠ Burial 2 □ Cramation 3 □ Re		lece of l emetery	Disposition (Ne., cremetory or	me of		Date	20c. Location	- City or To	wn, Stete
Pages Pages ment of the	and and	4 □ Donetion 5 □ Other (Spacify)		ewe	s Pre	sbyt	erian	Cem. 7-	11-96	Lewe	s, DE
Baltimore, permit. Pages 1 as Department of Hea Important: If Hean Section 1.	100	21. Signature of Funeral Service License	6)		_		ss of Fecility				
m 2011	2 2	James Cot	mysome	2			& Son				MD 21146
E 1 70	710	Part Lenter the disease, or complice the complete the com	etions that caused the deat	n. Do ne	ot enter the mo	de of dyin	ng, such as cardia	c or respiratory a	rrest,		Approximate Interval Between
Physici	_		00								Onsat and Deeth
/Medic	_	Immediate Cause (Final disaese or condition	Metast	eti	c (200	creatic	Can	101		17 mos.
LAAIIII		resulting in deeth) e.	Due to (c	r es e co	onsequence ot)						
72 - 15	Fyaminer									i	
Bcut end	ABL.	Sequentielly list conditions, if eny, leeding to immediate causa. Enter Underlying	Dua to (o	resec	nsequance of)					1	
I Records, P.O. Box 68760, The law requires that the death certificate be executed ate has been signed by the attending physician and and 2 should be detached for use as the burial-transit	- T										
Series cate	le ollo	thet initieted events resulting in death) Lest	Due to (o	as a co	nsaquance of):						
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cords, P.O. Box requires that the death ce been signed by the attendir should be detected for use	Physician/	Pert II. Other significant conditions control	ributing to death but not res	ulting in	the underlying	cause giv	en in Pert I.		V		the cause of death?
d that	4							10	Yes 2 No	3 Prob	bably 4 Unknown
d Sign	3							24a Was	en autopsy	24b. We	ere eutopsy findings
	4							perfe	ormed?	ave	elleble prior to mpletion of ceuse
Re law has	u C								V	of c	deeth?
a :: The ::								1 🗆	Yes 22 No	1 🗆	Yes 2□ No
VISION OF VITAL Attending Physician: The ordeath. sector: After this certificate by the funeral director, name	E C		espitel:			Oth	Ar:	eth (Check only			
Phys of	L.	1 105 2D(140	1 L Inpatiant 2L	ER/Outp		JA	4 LI Nursing I		dence 6 Ot how injury occu		1)
Jing Affer		1 Naturel 5 Pending invastigation	28a. Data of Injury (Month, Dey Yeer)		ury M	28c. Injun Wor	k? Yes 2 □ No	200. Describe	now injury occu	iriou	
ISIO ttendi death.	Cal	2 Accident Invastigation 3 Suicide 6 Could not be	28e. Plece of Injury - At ho	me for			165 2 140	28f. Location (Street and Num	her or Rure	I Route Number,
DIVISION Of VITAL RECORDS, to a Attending Physician: The law requires the death. Director: After this certificate has been signed in by the funeral director name? should have the funeral director name?	Certification:	4 ☐ Homicide determined	building, etc. (Specify	/)	n, street, tector	y, onice		City or To	wn, State)	Der or Fiora	rrioute realiber,
DIVISION Of VITAL Re To the Hospital or Attending Physician: The I within 24 hours efter death. To the Funeral Director After this certificate he completely tilled in by the funeral director page	0		cian: To the best of my kno	uladaa	donth coourrad	at the tip	no, data and place	and due to the	cauca(a) and m		antod.
Hos 24 hr Fun	edical	(Check only one)	er: On the basis of examinal and mannar steted.	ion end	or investigetion	, in my o	pinion, deeth occ	e, and due to the urred et the time,	date end plece	, end due to	the ceuse(s)
o the ithin o the	2	29b. Signeture and title of certifier	and marrier stotes.		29	c. Licens	e number		29d. Dete sign	ed (Month, I	Day, Yaar)
F ≯ F 8	,	1 ()	nemen 1	N T	, '	DAZ	1465		07/	108/	76
,		30 Name and address of names who com	0'	111	mo Print		1100		017		
		30. Name and eddress of person who com	W D GV	7)	Cart	- He	PA	S.	He 3N	> Appr	napolisol Dalasi
	State	31. Dete tiled (Month, Day, Xear)	32 Registra Signe	ture	1.00	7	- 1106	0) 00		1 11	I DELO U
	istrar	JUL 1 % 1996	gran vando	1-No	Tarico						

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

If Undar 1 Yaar

Days

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	6	1	15
	U	U	u

Physician /Medical Examiner

EDWARD JOSEPH 4a. Facility Nema (If not institution, giva streat end number)

1. Decadant's Nama (First, Middla, Last)

ROSENBLOOM, Sr.

Months

2. Data of Deeth Month Day 04, JULY

3. Tima of Death 1842PM

10d. insida City Limits

2204 PINEFIELD ROAD

4b. City, Town, or Location of Deeth

WALDORF

4c. County of Deeth CHARLES COUNTY

Yaar

1996

Funeral Director

show

28a-f

ò 238

6

natural

al Hygiene.

permit. Pages 1 and 2 should be file Department of Health end Mental Hy important: If item 27 is marked other any injury or other traumatic event

Physician /Medical

Examiner

and

or Attanding Physician: The law requires that the death certificate be execu Division of Vital Records, P.O. Box 68760.

burial-transif

inding physician use es the buria

signed by t

certificate

After this

Director:

within 24 hours of To the Funeral Di completely filled It

3

death.

efter

Hospitai

the the

Examiner

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Be Completed

2

Certification:

Medical

the Medical Examiner must be notified at

Director

Funeral

by

Completed

Be

2

with the Maryland

death items

filed within 72 hours efter

3altimore, Maryland 21215-0020

Usual Residence of Decadent 10b. County Maryland Charles

10c. City, Town or Location

Yrs.

7. Aga (In yrs. last birthday)

51

H Undar 24 Hrs. 8. Data of Birth (Month, Day, Year)

Jan 8, 1944

9. Birthpieca (Stata or Foreign Country) Windber, Pa

10a Stata

5. Social Sacurity Number

185-34-0088

Waldorf

10e. Street and Number 2204 Pinefield Road 10f. Zip Coda 20603

1 Yes XX No 10g. Citizan of What Country?

1 Never Marriad 2 Married 3 Widowed 4 Divorced

12. Wes Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas XX No If Yas, Giva

 Was Decedant of Hispenic Origin? (Specify Yas or No. If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 1 ☐ Yas XX No Specify:

14. Raca - Amaricen Indian, Bieck, Whita, atc. Specify: White

United States

16b. Kind of Businass/Industry

15. Decedant's Education (Specify only highest grada complated) Elamantary/Secondary (0-12)

College (1-4or 5+)

5

1₽M 2□ F

16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired)

Teacher

P.G. County School

17. Fethar's Name (First, Middle, Last)

Harry Rosenbloom

18. Mother's Nama (First, Middla, Maidan Surname) Isobel Amenta

7520 Snow Bell Lane, Clinton, Md 20735

19a. informant's Name/Ralationship (Type, Print)

19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda)

Victoria Rosenbloom 20a. Mathod of Disposition

1 ☐ Burlat 2 XX ramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Piece of Disposition (Nama of camatary, cremetory or othar place)

20c. Location - City or Town, Stete

21. Signature of Foneral Service Licens

Lee Crematory July 6, 1996

Clinton, Maryland 22. Nama and Address of Fecility ee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Md 20735

that caused the death. Do not entar the mode of dying, such es cardiac or respiratory arrast, son each line.

immediata Cause (Fine) disease or condition rasulting in deeth)

Dua to (or as a consequance of)

Sequantially list conditions, if eny, laading to Immadiata causa. Entar Underlying Causa (Disease or injury that Initiatad avents rasulting in daath) Last Physician/Medicai

Due to (or as e consequence of):

Dua to (or as e consequance of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the causs of death? 1 Yss 2 No 3 Probably 4 Unknown

24a. Was an eutopsy performed?

24b. Wara autopsy findings available prior to completion of cause of deeth?

Yas

Yes 2 No

25. Was casa rafarred to medical 1 XYas 2 No

27. Manner of Death

1 Naturai

2 Accidant

Suicida 4 Homicide

28a. Data of injury (Month, Day Yaer) 5 Pending invastigation

Hospitel: 1 inpatient 2 ER/Outpatient 3 DOA 28b. Tima of injury

28e. Piece of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

Other: 4 Nursing Homa 28c. injury at Work? 1 Yes

26. Placa of Deeth (Check only one)

28d. Dascribe how Injury occurred 1 Je 28f. Location (Str. City or Town (Straat end Numbar or Rural Routa Number,

5 ⊠Rasidence 6 □Othar (Specify)

teta)

29a. Cartifian one)

Piredield Jone 204 1 Certifying Physician: To the best of my knowledga, daath occurred at the time, data and placa, end dua to tha cause(s) end mannar as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, daath occurred at tha time, data and place, and dua to the cause(s) and menner stated.

29b. Signature and title of certifie

29c. Licansa number O.C.M.E. 29d. Data signed (Month, Day, Year) JULY 05, 1996

30. Nama and addrass of person who complated causa of daath (itam 23a) (Type, Print)

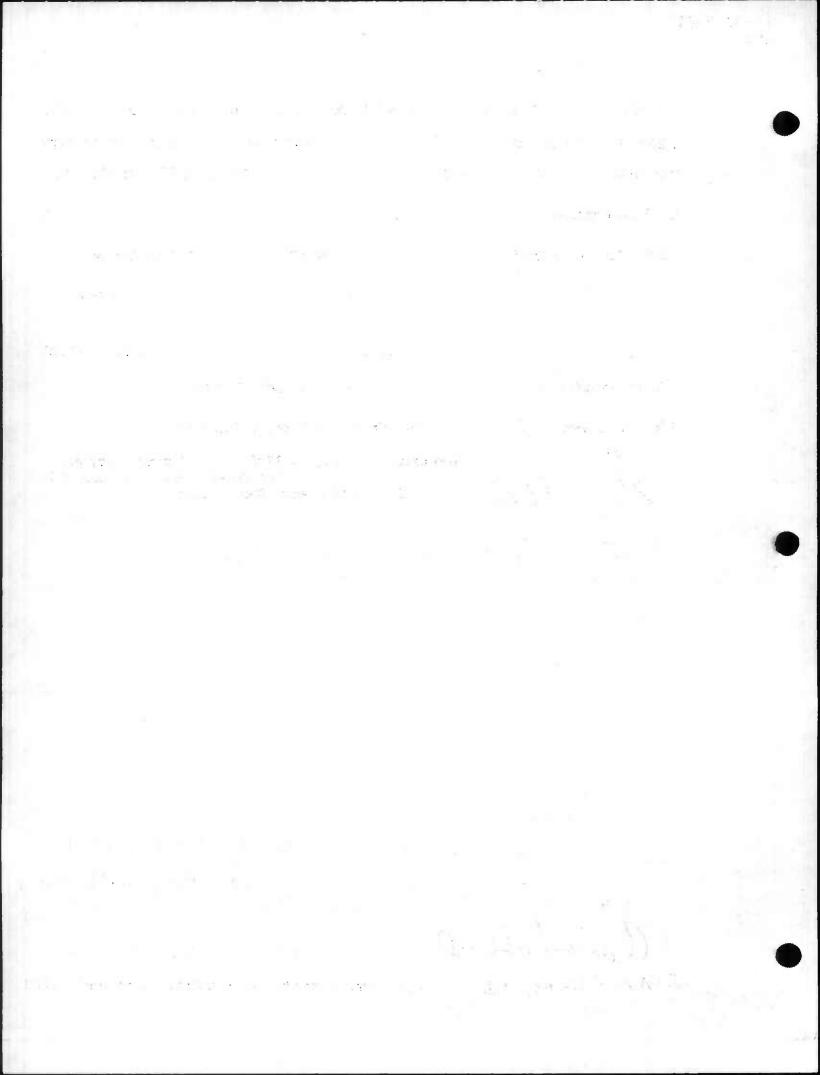
ARON 31. Data filed (Month, Day, Year)

6 Could not be datarmined

111 Penn Street, Baltimore, Maryland 21201

State Registrar

32. Registrar's Signatura Jalia Stevelson Rardall JUL 0 9 1996 >

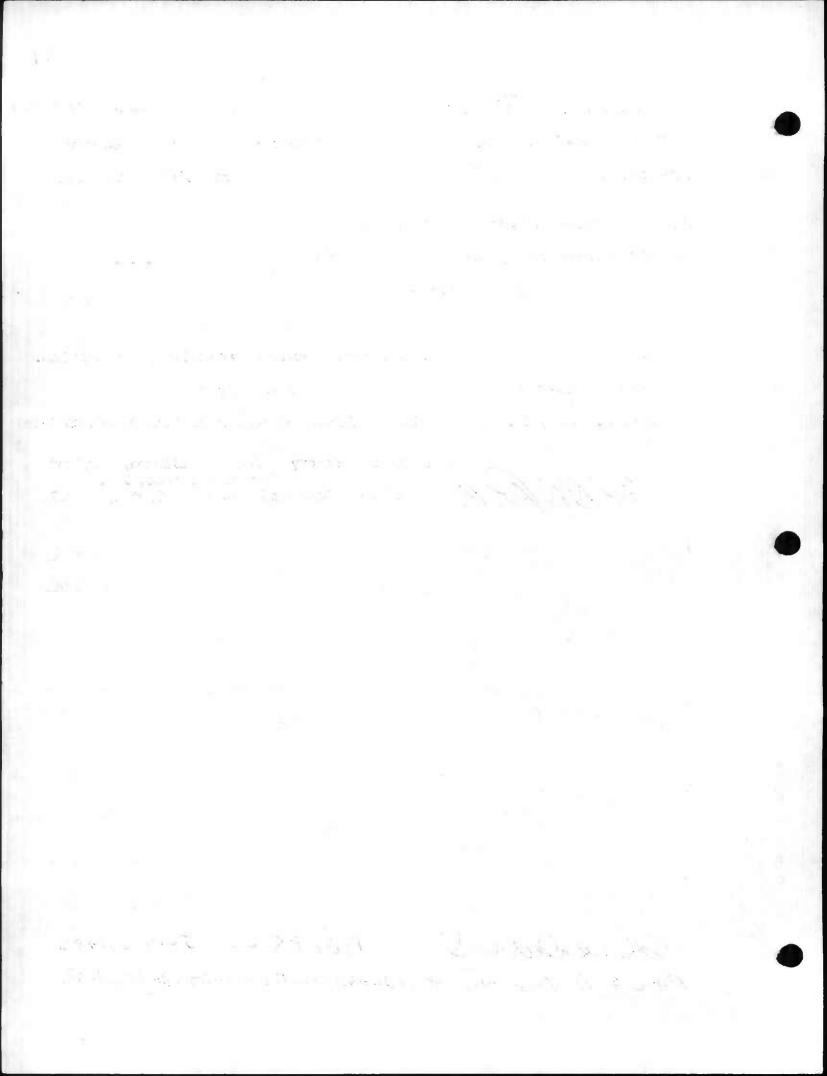


State of Maryland / Department of Health and Mental Hygiene 2 | 637 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Month Year SAMUEL KILEY 7:30 AM JULY 1996 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Locetion of Deeth 4c. County of Deeth Examiner Prince George's Hospital Cheverly Prince George's 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. 7. Age (In yrs. last birthday) 83 Yrs. 8. Dete of Birth (Month, Dey, Year) **Funeral** Birthplece (Stete or Foreign Country) 1DXM 2□ F Months 579-20-7324 Director March 2,1913 New Jersey Usuel Residence of Decedent the Maryland 10e. Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or items 23a or 28a-f at the Medical Examiner must be notified 1 ☐ Yes 2 No Director Maryland Prince George's Mitchellville 10e. Street end Number 10g. Citizen of Whet Country? 10450 Lottsford Road Apt 247 20721 U.S.A.

14. Race - American Indien,
Bieck, White, etc. 12. Was Decedent Ever in U,S.
Armed Forces?
1 [XYes 2] RESERVES
If Yes, Give
Year or Dates: 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by 35 Widowed 4 □ Divorced Specify: White 'natural', Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed wh Depertment of Health and Mental Hygiens Important: if Item 27 is marked other tha any injury or other traumatic event, the A once. Experimental Machinist/Teacher Naval Research Lab. 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surneme) Be John Riley Emma Tracy 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Samuel J. Riley, Jr. 10514 Willetts Crossing Road White Plains MD 20695 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete July 9. 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Resurrection Cemetery 1996 Clinton, Maryland 21. Signeture of Funeral Services 22. Name end Address of Fecility Lee Funeral Home, INC. 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete fnterval Between Onset end Deeth **Physician** SEPSIS /Medical Immediete Ceuse (Finel 1 welli diseese or condition resulting in death) Examiner Due to (or es e consequence of) Examiner DNEUMONIA 1 week physician end s the buriel-transit that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760 Physician/Medicai Due to (or es e consequence of): P.O. Pert II. Other efgnificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown CARCINOMA (OLON winy MOTASTARE Records. þ or Attending Physician: The lew requires t Completed 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? 1 🗆 Yes 2 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1₺ Inpatient 2□ ER/Outpetient 3□ DOA Certification: To 1 Yes 2 No this 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After t 1 Neturel 5 Pending Investigation s efter deeth. 1 Yes 2 No the 2 Accident NIA 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide Hospital
 24 hours e
 Funeral C 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. Medicai To the Hosp within 24 hor To the Fune completely fi (Check only 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 01852 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) MD 4203 QUEENSWAY RUH 4 9 TTSUS 110 MD 20781 9 1996 32. Register's Signature.

DHMH 16 Rev 6/95

State Registrar



Amed #8'9 Wash. Co. & B July 09 1996
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

9	6	2	6	3	8
	-	C-Mass	-	9	-

					Certificate of	of Death		Reg. No.		_ 1000
(# 7 Discrete:		1. Decedent's Neme (First, Middla, I	ast)				2. Dete of De Month		Year	3. Tima of Death
Physici /Media		George Peabody I	ROWLAND, J	r.			07	07	96	0925
Examir		4a. Facility Name (If not institution, g	iva street and number)		4b. City, Town, or	Location of Deet	h 4c. Count	y of Deeth	
		1120 Kenly Avenu	ie #2			Hage	rstown	Wa	shing	ton
Funeral Director		117-11-7712	Sex 7. A 1 → M 2 □ F	ga (In yrs. lasi 85	birthdey) If Undar 1 Ya Months De			y, Year)	Cora	opolis, Pa
pu *		Usuei Rasidence of Decedent 10a. Stata 10b. County		10c. City. T	own or Location		1	6		benville,0 10d. inside City Limits
sho a	5		ington		Hagersto	NETTO				1 SaYes 2 No
the A	ect	10e. Street and Number	Ingcon					10- 0111	147	
eth with the Merylar 23a or 28a-f show	Funeral Director	1120 Kenly Avenu			10f. Zip Cod	21740			SA	ntry?
d 2 should be filed within 72 hours effer deeth with the Meryland th end Mental Hygiene. T is marked other than "natural", or items 23a or 28a-f show traumatic avent, the Medical Examiner must be notified at	by	11. Marital Status 1 ☐ Never Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Armed Forces 1 ☐ Yes 2 2 If Yes, Give Year or Detas:	? LNo	13. Wes Decedent of the second of the secon	of Hispenic Origin? (S Cuben, Mexican, Puer No <i>Specify:</i>	Specify Yes or No to Rican, atc.)	Speci	ce - Americ ack, White, fy: W	
n 72 ho nature	ted	15. Decedant's (Specify only highest g	Education	1	6a. Decedant's Usual Oc (Give kind of work do life. DO NOT use re	cupetion	akina	16b. Kind of E	Businass/in	dustry
nd 2 should be filed within : the end Mental Hygiene. 27 is marked other than "r r traumetic avent, tra Med	Completed	Elementery/Secondary (0-12)	College (1-4or	5+)	life. DO NOT use re		ikiig	tire a	ınd ru	ıbber
e file al Hys othe vent,	Be C	17. Father's Neme (First, Middle, Las	st)			18. Mothar's Na	me (First, Middle	, Meiden Sume	ma)	
Alenta Alenta rked tic a	ToE	George P. Rowlan	nd			Ma	ry Beaco	m		
sho and A		19a. Informant's Neme/Reletionship	(Type, Print)		19b. Melling Address (Str	reet end Number or R	ural Route Numb	er, City or Town	, Stete, Zip	Code)
Health tem 27 is		Grace White Rowla	and/wife		120 Kenly A	ve. #2, H	agerstow	m, Md.	21740)
Peges 1 end ment of Healt ant: If item 27 ury or other 1		20e. Method of Disposition		com	e of Disposition (Neme of etery, crametory or other	niaca)	Date	20c. Location	- City or To	own, Stata
Pege ent c nt: If		1 ☐ Buriel 2 XI Cramation 3 4 ☐ Donation 5 ☐ Other (Spec			erstown Crei		7-9-96	Hage	rstow	n,Maryland
2227		21. Signatura of Runarai Sarvice Lip	**		22. Name end Ad			0		
Depa Impo any it		MAXAM	Minne	.0		FUNERÁL I	HOME			
		22a Barti Enter the disease or so	vum	of the death.	415 E.W	ilson Blv	d.,Hager	stown, M	d. 21	
		23a. Part1. Enter tha disaase, or co shock, or heert fellure. List on	y one ceuse on each	line.	SO HOL BILLET LISE HICLE OF	dying, such as cardia	c or raspiratory a	irest,	+	Approximata Intervel Between Onset and Deeth
Physician / /Medical		Immediete Cause (Final								Chast and Destin
Examiner		diseese or condition resulting in deeth)	e. Left	hemisp	here cerebra	al thrombo	sis			6-25-96
	100	Page Land		Due to (or as	e consequence of):				1	
led nsit	Examiner		b							
death certificate be executed e attending physician end od for use es the burial-transit	xar	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disaese or Injury		Due to (or es	a consequence of):				į	
be e ician buria		cause. Enter Underlying Cause (Disaese or Injury	c							
sate the	Medical	thet initieted events resulting in death) Lest		Due to (or es	e consequance of):					
entifica ing ph e es t			I d						1	
attendii	an		·						i	
the at	Sic	Pert II. Other significant conditions	contributing to death i	but not resultin	g in the underlying cause	given In Pert I.	23b. Did	tobacco use co	ontribute to	o the cause of death
± 60	Physician/						1 🗆	Yes 2 No	3 Pro	bably 4 Unknow
	by									
v requires been sign should be	8						24a. Wes	en eutopsy ormed?	24b. W	ere eutopsy findings allable prior to
2 0 %	Completed								CO	mpletion of cause deeth?
9 4 8	E						10	Yes 2 No	1[☐ Yes 2☐ No
ician: The certificate rector, pag		25. Wes case referred to medical				29 Plane of Do	eth (Check only)			2100 2210
Physician: this certific rai director,	o Be	exeminer? 1 Yas 2 No	Hospitel:	ioni OFF	/Outpetient 3□ DOA	Other: 4 Nursing I		dence 6 □Ot	uli (o.iila	6.1
	. To	27. Menner of Deeth					T	how Injury occu		γ/
Attending in death. Cotor: After by the funer	Certification:	1 Neturel 5 ☐ Pending	28e. Date of Inju (Month, De	ey Year)		njury et Work? 1 ☐ Yes 2 ☐ No				
uttendir death. ctor: Ay y the fu	Ca	3 ☐ Suicide 6 ☐ Could not	be con Diagonal In	iuaz - At hama			20f Location /	Street and Num	her or Pur	al Route Number,
A partie	뒫	4 ☐ Homicide determine	d 28e. Piece of In building, e	tc. (Specify)	, ferm, street, fectory, offi	Ce	City or To		Del Ol Mula	ii rioole rauliber,
orai e		20.0.0								
To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	edicai	29a. Certifier (Check only one) 1 Certifying P 2 Medical Exa	hystcian: To the best miner: On the basis of end menner st	of examination	dge, deeth occurred et the end/or invastigation, in m	e time, dete end plece ny opinion, daath occi	e, end due to the urred at tha tima,	cause(s) end m date and place,	enner es s , and due to	teted. the ceuse(s)
To the within 2 To the comple	×	29b. Signeture and trie of certifier			29c. Lic	ense number	1	20d Dete sign	ed (Month,	Day, Year)
	1	VELILA	200-	165	0- 1	11133		(h.O.	8,6	996
	-	my your off	wee	1.0	- V	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1-1	1	
		30. Neme and eddress of person who			e) (Type, Print)	Hagaretar	n Maryl	land	217/0	

State Registrar 31. Dete filed (Month, Dey, Year)

* 1 5 ds ... MEO FILM G-740 10/9/96 t.t

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

Certificate of Death

ITEMS: 23 PART I, II, 27, PER State of Maryland / Department of Health and Mental Hygiene

2 | 639

Physician
/Medicai
Examiner

PAULINE

3. Time of Deeth

Funeral

with the Maryland or items 23a or 28a-f show the Medical Examiner must be notified at death filed within 72 hours after "netural"

Director

at Hygiene. permit. Pages 1 and 2 should be filk Department of Health and Mental Hy Important: If Item 27 is marked otherly injury or other traumatic event

Baltimore, Maryland 21215-0020 Physician /Medical Examiner

Box 68760, nding physician The law requires that the death certificate be use as the P.O. signed by Records, 8 has page 2 certificate Division of Vital or Attending Physician: this death. after death Director: A in by the f To the Hospital of within 24 hours at To the Funerel D completely

1. Decedent's Name (First, Middle, Last) 2. Deta of Death JULY RODMAN 15, 1996 3:45 PM. 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Clinton Prince George's Pineview Nursing Center 5. Social Security Number 7. Age (In yrs. last birthday) if Under 1 Year if Under 24 Hrs. 8. Dete of Birth (Month, Dey, May 13, 9. Birthplace (State or Foreign Country)
Manchester N.H. 1□ M 2√2√F Months Deys Hours Min 63 Yrs. 1933 002-24-8810 Usual Residence of De 10e Stete 10b. County 10c, City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Maryland Prince George's Directo Clinton 10e. Street end Numbe 10f. Zip Coda 10g. Citizen of Whet Country? 9106 Pinview Lane 20735 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces?
1 Yes 2 YNo
If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify by Specify: 3 ☐ Widowed 4 ☑ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grede complated) 16b. Kind of Business/Industry Eiemantary/Secondary (0-12) Coliage (1-4or 5+) Personel Clerk Treasury Dept. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Peter Coughlin Blanche Herbert 2 19e. Informent's Name/Relationship (Type, Pnint) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stata, Zip Code) Mark Giddings 4711 Leonardtown Road, Waldorf, Md 20602 20a. Method of Disposition

XX Buriel 2 □ Cremation 3 □ Remove from State 20b. Piece of Disposition (Name of cametery, cremetory or other place) July 22, page 96 20c. Location - City or Town, Stete 4 ☐ Donation 5 ☐ Other (Specify) St. Joseph Cemetery Bediora, N.H.
22. Name and Address of Fecility Eee Funeral Home, Inc 6633 Old 21. Signeture of Funeral Service Licensee Alexandria Ferry Road, Clinton, Md 20735 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or haart failura. List only one cause on each line. Approximete Intervei Betw Onset end Deeth Immediete Ceusa (Finel disease or condition resulting in death) CARDIAC ARRHYTHMIA Due to (or es a consequence of): Examiner Sequentially list conditions, if eny, laading to immadiate ceuse. Entar Underlying Ceuse (Diseese or injury that initieted events resulting in death) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of) Pert Ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown PARKINSON'S DISEASE à 24b. Wara autopsy findings evelieble prior to completion of ceuse of deeth? Completed 24e. Wes an autopsy performed? 2 No 2 No Be 25. Was case rafarred to medical axaminar? 28. Piace of Deeth (Check only one) Hospitel: Other: 4XNursing Home 5 Residence 6 Other (Specify) 2 1 XYes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Mennar of Deeth 28e. Dete of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred 1XX Naturel 5 Pending investigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide

State Registrar

edicai

(Check only

29b. Signeture end title of certifier

31. Deta flied (Month, Day, Year)

DHMH 16 Rev 6/95

OB ONE Millery

JUL 2 2 1996

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, death occurred et the time, data end piece, end due to the cause(s) end menner stated. 29d. Date signed (Month, Dey, Year)

O.C.M.E.

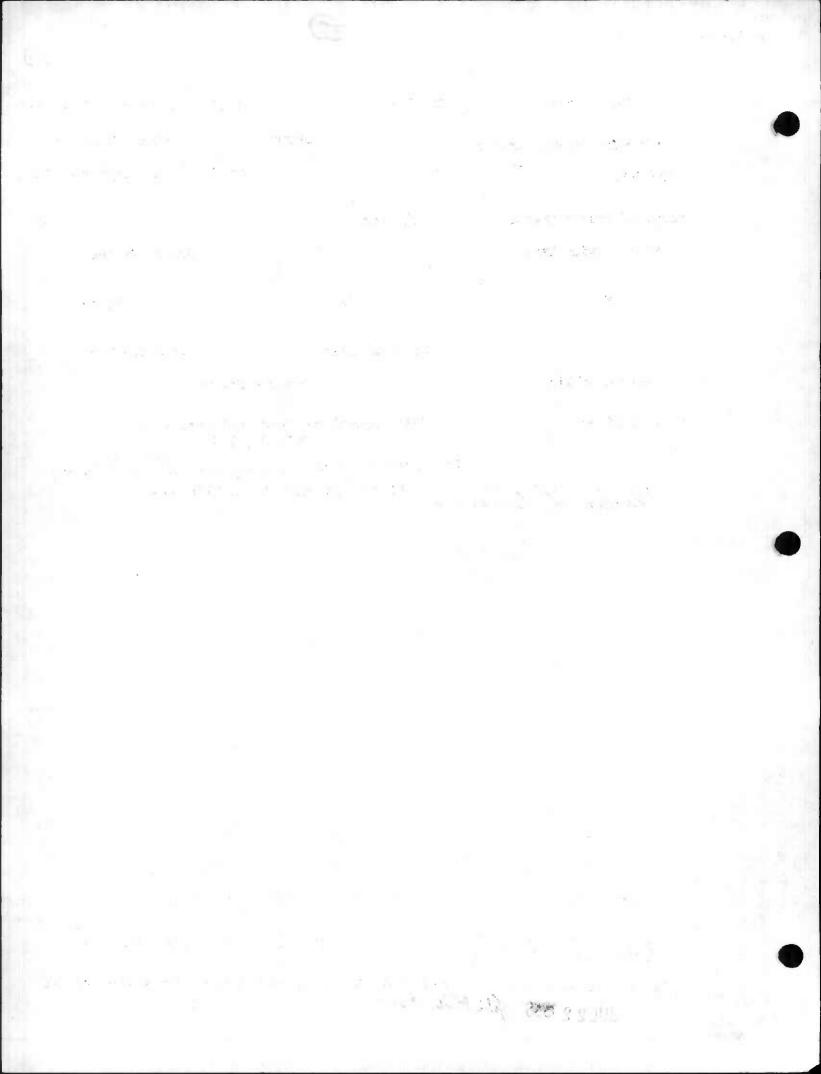
29c. License number

JULY 17, 1996

30. Name and address of person who complated cause of death (Item 23a) (Type, Print)

32. Begsvar digignajura Rudell

111 Penn Street, Baltimore, Maryland 21201



Amend # 1 & 2 Wash. Co. Health Dept. LB July 9, 1996
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) Elizabeth 2. Dete of Deeth 3. Time of Death **Physician** Geraldine E. Shingleton July-4-96 10:09 /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Avalon Manor Nursing Home Washington Hagerstown If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year)

April 11 1918 5. Social Security Number 6. Sax 7. Aga (In yrs. lest birthday) 1□M 2□F 214-09-4247 78 Maryland Usuel Rasidance of Dacedent 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yas 2 □ No Directo Maryland Washington Hagerstown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 542 Pangborn Blvd. 21740 U.S.A. Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 12. Wes Decedent Ever in U,S. Armed Forces? 11 Marital Status 14. Race - American indian. 1 Never Merried 2 Married 1 Yas 2 No Specify: White If Yes, Give Yeer or Detas: 1 ☐ Yes 2 ☐ No P 3 ☐ Widowed 4 ☑ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuei Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use ratired) County Board of Elementery/Secondery (0-12) College (1-4or 5+) Education unknown Cafeteria unknown 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) George A. Churchey <u>Lela Harshman</u> 19e. Interment's Neme/Raletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) George C. Shingleton /Son 542 Pangborn Blvd. Hagerstown, Md. 21740 20b. Plece of Disposition (Neme of 20c. Location - City or Town, Stete 20a. Method of Disposition Data Commetery, cremetory or other plece)
Hagerstown Crematory
Rest Haven Cemetery 1 ☐ Buriel 2 🖾 Cremetion 3 ☐ Ramoval from Steta 7/5/96 4 ☐ Donetion 5 ☐ Other (Specify) Hagerstown, Maryland 21. Signatura of Funeral Sarvice Licensee 22. Nama and Addrass of Facility Minnich Funeral Home 000 ussuit 415 E. Wilson Blvd. Hagerstown, Md. 21740 23a. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such es cardiac or respiratory errest, shock, or heert feilure. List only one cause on each line. Approximata intervel Between Onset end Deeth Immediate Ceuse (Finel disease or condition resulting in death) INFARCTION MYO CARDIAL Physician/Medical Examiner DISEASE CORONARY Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last CONGESTIVE Due to (or es a consequence of): Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the causs of death? 1 Yes 2 No 3 Probably 4 Wiknown CEREISTO-VASCULAR ARCLOFN þ 24b. Were eutopsy findings available prior to complation of cause of death? 24e. Was an autopsy performed? Completed RIGHT HEMIPARESIS DYSPHACEA WITH TUBE 1 Yes 2 1200 1 ☐ Yes 2 ☐ No 25. Wes case reterred to medical exeminer? To Be 28. Place of Death (Check only one) Other: 4 virsing Home 5 Residence 6 Other (Specify) 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 ☐ Yes 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred Certification: 28c. Injury at Work? 1 Neturel 5 Panding investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pieca of Injury - At home, farm, street, fectory, office building, atc. (Specify) 4 ☐ Homicide 29e. Certifier 1 Certifying Physician: To the best of my knowledge, daath occurred et the time, date end plece, end due to the ceuse(s) end mennar as stated.
2 Medical Examiner: On tha basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end manner stated. (Check only one) 29b. Signature and title of cartifiar 29c. License number 29d. Dete signed (Month, Day, Year) D44996 MD

State Registrar

Funeral

Director

worle

r than "natural", or items 23a or 28s-f ehov The Medical Examiner must be notified at

Baltimore, Maryland 21215-0020

1 and 2 should be filed within fealth end Mental Hygiene. IM 27 is marked other than

Department of Health e Important: If item 27 is any injury or other tra

Physician

/Medical

Examiner

physicien and the buriel-transit

Box 68760.

P.O.

Records,

Division of Vital or Attending Physician:

this

After

death.

hours after death the Funeral Directory filled in by the

To the Hosp within 24 ho To the Fune completaly f

31. Dete tiled (Month, Dey, Year)

PAR MAUK

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

ZAPAC MALIK 203// CAPPANS 32. Registrar's Signetura

and the same of the same of The second section is a second to the second
DIVISION OF VITAL RECORDS, P.O. BOX 6876

O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.		
HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	- W TO	ANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	CERTIFICATE OF DEATH					3. TIME OF DEAT	Н		
	Theodore Cecil	Spence			06 25	1996	4:05	Рм		
DIRECTOR		3. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Fo	_		
	220-26-8393 9s. FACILITY NAME (if not institution, give street and number)	64 YRS.	9b. CITY, TOWN C	HOURS MIN.	March 29,	1932 Ma	ryland	_		
	8515 Liberty Town Road Berlin					Worces				
E	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY	,		
FUNERAL DIF	Maryland Worcester				in 10f. ZIP CODE			1 ☐ YES 2 ☑ NO		
	8515 Liberty Town Road			21811		USA				
S	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Yes					
F	IF YES, GIVE WA	X YES 2 NO	If yea, apo		n, Puerlo Rican, etc.)	Black, White, atc. Specify:				
ВУ	3 Wildowed 4 Divorced Korean (Conflict				Afri	can Ame	rican		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S I	ork done during mo		16b. KIND OF BUS	SINESS/INDUSTRY	22/6			
Ш	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	e retired.)							
MP	11th grade					Head Ce	nter			
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden					
BE	Horace Robert Spence 190. INFORMANT'S NAME (Type/Print)			Minnie	Tingl					
2				nd Number or Rural I	Route Number, City or Tow	n, State, Zip Code)				
	Mrs. Bernyce Spence	1	as above		DATE 20c. LO		- 20			
	1 XBurlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE O cemetery, cremetory or att	her place)			CATION — City or T				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	New Bethel			0/20 Der	lin, Mary	d Caliek	NI ITA		
	1) at 10 1	11/1000						oury,		
	Tarrier C. A.	seey			al Chapel	MD	21801			
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feiture. List only one dause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) S. Due To (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
AL C	PART II. Other significant conditions contributing to	laath but not reaulting in	n tha underlying	causa givan in			b. WERE AUTOPSY F			
PHYSICIAN: MEDICA	PERFOR 1 YES 2						AMILABLE PRIOR COMPLETION OF OF DEATH?			
Σ	1 TYES 2 NO									
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN USES. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
2	EXAMINER? HOSPITAL:		OTHER:	N						
7	27. MANNER OF DEATH 28s. DATE OF	ER/Outpatient 3 DOA NJURY 28b. Time	4 Nursing Hom		8 Other (Specify) 28d. DESCRIBE HOW I	NUMBY OCCUPED				
	1 Netural 5 Pending (Month, Da		URY WO	RK?	EUG. DEGOMBE HOW	MOONT OCCORED				
BY	2 Accident Investigation 3 Suicida 6 Could not be 26e. PLACE OF	INJURY — At home, ferm, a			281, LOCATION (Street	and Number or Rural	Route Number			
COMPLETED	3 Suicida 6 Could not be detarmined City or Town, Street and Number or Rural Route Number, Street, factory, office building, atc. (Specify) 266. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
7	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner as stated.									
NO	(Check only one) 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.									
	29b. SIGNA DANIO TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
) BE	1 20507 D 20507 D 6/27/96									
٩	28. NAME AND ADDIESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
- 1	31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE									
	JUN 281996 Julie	S SIGNATURE								

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth .Month mITHERS 1996 WILLIAM THEODORE SMITHERS 1845 JUNE 30 4e. Fecility Neme (ff not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth WICOMICO PENINSULA REGIONAL MEDICAL CENTER SALISBURY If Under 1 Yeer if Under 24 Hrs. 8.
Months Days Hours Min. Dete of Birth (Month, Dey, Year 3-2-1917 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) Months 1 M 2□ F 79 Md. Usuel Residence of Decedent 10d. Inside City Limits 10b. County 10c. City, Town or Location XX Yes 2 No Sussex Delmar 10f. Zip Code 10g. Citizen of Whet Country? 19940 103 E. Jewel St. USA 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indien, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Bleck. White, etc. 1 X Yes 2 □ No If Yes, Give Yeer or Deted: 945-46 1 X Never Married 2 ☐ Married 1 ☐ Yes 2 🖾 No White Specify: 3 Widowed 4 Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) attendant Gas Station 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) William Smithers Lillian (Maiden unknown) 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) P.O. Box 204 Delmar, De. 19940

7 - 3

20c. Location - City or Town, Stete

Approximate Interval Betw Onset end Deeth

Hurlock, Md.

19940

traumatic event, the Medical Examiner must be notified at Harns 23a or permit. Peges 1 and 2 should be filed within 72 hours effer deeth a Department of Health and Mantel Hygiene. Important: If item 27 is marked other than "natural", or items 23s any injury or other tranmatic event, the hand

Physician

/Medical

Examiner

Funeral

Director

28a-f show

Directo

Funeral

þ

Completed

Be

2

with the Maryland

5. Social Security Number

222-03-3658

10e. Street end Number

Wm. Short

20e. Method of Disposition

21. Signeture of Funeral Service Licensee

Clares

1 Burial 2 □ Cremetion 3 □ Removel from Stete
4 □ Donetion 5 □ Other (Specify)

11. Maritel Stetus

10e. Stete

Physician /Medical Examiner

To the Hospital or Attanding Physician: The lew requires that the death certificate be executed within 24 hours effect death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the turneral director, page 2 should be detached for use as the build-transit completely filled in by the funeral director, page 2 should be detached for use as the build-transit ate hes been signed by the etter page 2 should be detached for

Division of Vital Records, P.O. Box 68760,

Examiner Physician/Medical þ Completed Be

Immediate Ceuse (Finel diseese or condition resulting In deeth) Due to (or es a consequence of) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown 24b. Were autopsy findings evellable prior to 24e. Wes an eutopsy performed? completion of cause of death? 1 🗆 Yes 2 0 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1☐ Yes 2☑ No 1 Inpatient 2 ER/Outpatient 3 □ DOA 27. Manner of Deeth 28d. Describe how injury occurred 28b Time of 28e. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner es stated.

| Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and menner es stated.

| Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and menner es stated.

| Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and menner es stated. 29a. Certifier Medical 29b. Signature and title of confil 29c. License number 29d. Dete signed (Month, Dey, Year)

20b. Piece of Disposition (Neme of cemetery, cremetory or other place)

23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.

Maryland Veterans Cem.

22. Neme end Address of Fecility

Short Funeral Home, Inc. 13 E. Grove St. Delmar, De.

State Registrar 31. Dete filed (Month, Dey, Year) JUL 03 1996



Mome end address of person who completed cause of deeth (item 23a) (Type, Print)

Fig. 13 = 0 to 0.5 to 25 to 100 to 10 mar a mosming

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

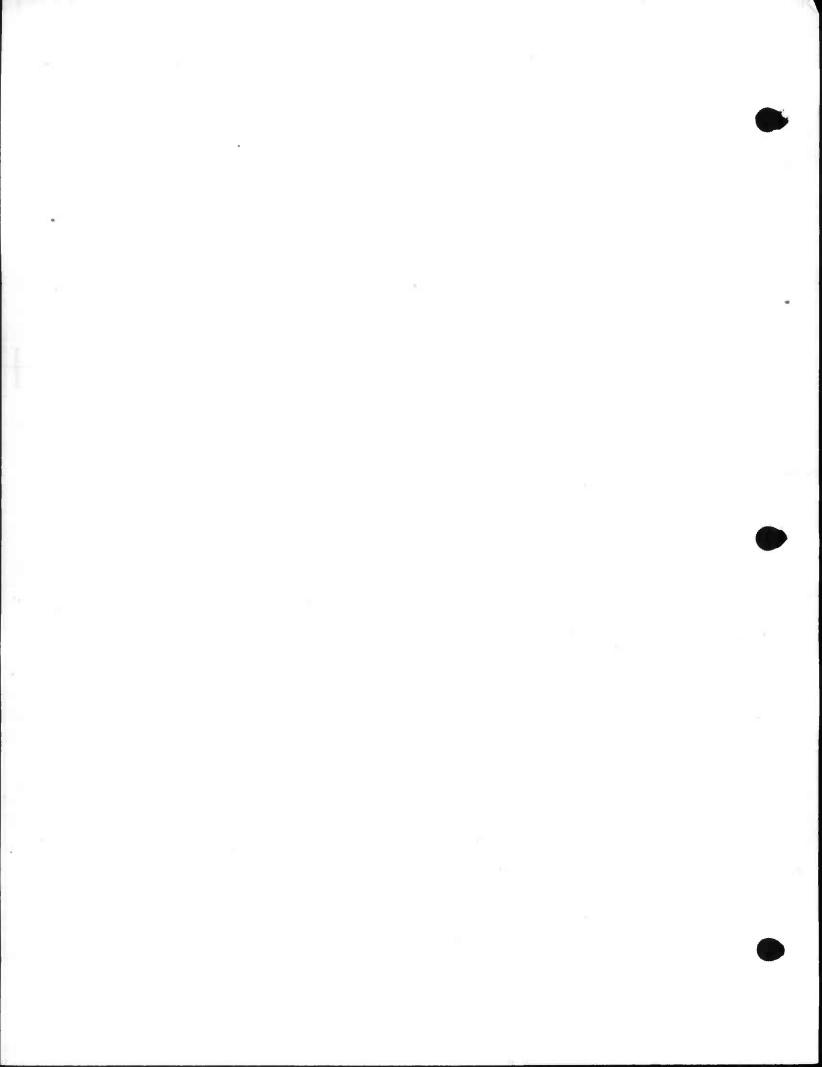
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withings hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTII	FICATE C	F DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	a. DA			2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH					
	Walter 1		Sexton			July 2,	1996	3:15 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)			7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	212-40-2988	1 € M 2 □ F	6 7 YRS.	MONTHS DAY	S HOURS MIN.	(Month, Day, Year) 2/18/192		M D		
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOV	N OR LOCATION OF D			Y OF DEATH		
Œ	John Hopkins H	201111	Mad C+m	Dell	· C					
K	RESIDENCE OF DECEDENT	Dayview	med Ctr.	Dal	imore C	ıty	ват	timore City		
DIRECTOR	10a. STATE 10b. COUNTY	1	10c. CI	TY, TOWN OR LO	CATION			10d. INSIDE CITY		
5	MD Anne	Arundel	S	everna	Park			LIMITS?		
A	10s. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	628 Kensingtor	A 77.0	. :	i	21146			TICA		
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS				4. RACE — American Indian,		
	1 Never Married 2 X Married	FORCES? 1 [IF YES, GIVE WA	YES 2 NO	If yes	specify Cuban, Mexica	n, Puarto Rican, atc.)	10, 10-	Black, White, etc.		
B≺	3 Widowed 4 Divorced	11 720, 0172 184	n on balls	1 ''	res 2 (A NO Specifi	y:		Specify: White		
	15. OECEDENT'S EDU		16a. DECEDENT	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDU:			
山	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of	work done during ise retired.)	most of working					
릴		2	Manag	er		Fina	nce			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden				
	Walter L. Sext	on. Sr.			Doris	The state of the s	ourn			
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G AODRESS (Stre		Route Number, City or Tow		inde)		
임	Mary L. Sexton							rk MD 21146		
	20a. METHOD OF DISPOSITION t Burlal 2 Cremation 3 Remo		20b. PLACE AND DATE			OATE 20c. LO				
	t Burial 2 Cremation 3 Remo	oval from State	cemetery, crematory or	other place)						
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	EMSEE	Metro C		AND ADDRESS OF FA	7/5 Cat	onsv:	ille, MD		
	6 1(1(1))	\supset				ons Fune	ral F	Home		
_	- Jone CV	Duren	~	495	Ritchie	Hwy Seve	rna l	Park MD21146		
	23. PART I. Enter the disesses, or of shock, or heart failure.	omplications that List only one caus	caused the death. Do	not enter the	mode of dying, auc	h sa cardiac or reapi	ratory arres			
	IMMEDIATE CAUSE (Finsi		1					interval Between Onset and Death		
	disease or condition reaulting in death)	Rupt	OR AS A CONSEQUENCE	Vacic	gort	9	NER	5 month		
		DUE TO (OR AS A CONSEQUENCE	OF):		COIC NEXA	0	3 7 7011/ 14		
Z	Samuel Maller Manager Maller	b				WES EN WE NINO				
EDICAL CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C			Strong To					
늘	that initiated events	DUE TO (C	OR AS A CONSEQUENCE (NF):	Mond					
H	resulting in destin Exst	1			7					
2	PART ii. Other significant condition	s contributing to d	esth but not resulting	in the underly	ing cause gluen in	Part I. 24s. WAS AN	Armonov			
3	stroke		and the live and the	m the brider	mig cades given in	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
	Respiratory failure									
Σ						1		t YES 2 □ NO		
Ž.	DID TOBACCO USE CONTI	SIBUTE TO CAU				1 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER:	ne)					
YS	1 YES 2 NO		ER/Outpatient 3 DOA		ome 5 🗆 Realdenca	8 Other (Specify)				
표	27. MANNER OF DEATN 1 Natural 5 Pending	28e. OATE OF III (Month, Day		ME OF 28c.	INJURY AT WORK?	28d. DEŞCRIBE NOW II	NJURY OCCU	RED		
B⊀	1 Natural 5 Pending 2 Accident Investigation	Jan 2	5,1996 918	17	YES 2 NO	Automosil	e acc	ident		
	3 Suicide 8 Could not be	28a. PLACE OF building, at	INJURY — At home, term, c. (Specify)	street, tectory, o	ffice	281. LOCATION (Street a City or Town, State)	nd Number or	Ryral Route Number,		
3 Suicide 4 Nomicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, tarm, street, tactory, office building, stc. (Specify) STYCCT 28s. PLACE OF INJURY — At home, tarm, street, tactory, office building, stc. (Specify) STYCCT 28s. PLACE OF INJURY — At home, tarm, street, tactory, office City or Town, State) Av no (of, Ind) Ritch (CHW Gind Culler CPW) CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, dasth occurred at the time, date and place, and due to the cause(a) and manner										
2 1	29a. CERTIFIER (Check only	CIAN: To the best of m	y knowledge, death occur	red at the time, o	ata and place, and due					
2								cause(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER									
BE	nous Vans	MAD			29c. LICENSE NUM	IBER	29d. DATE S	SIGNEO (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								15 2, 1776		
		P: Pr	P DEATH (ITEM 27) (Type	, Print)	mo o	10111				
	31. DATE FILEO (Month, Day, Year)	Ridge 10	s signature widson-Randall	111619	1111 2	1044				
100	on while river (moriff, Day, 1987)	32. HEGISTRAR	SIGNATURE							
	HH 1 0 1000	aug:	I W JA _A _ (ACMOUND							
	JUL 1 0 1996	gulia De	widson-hanage	8						



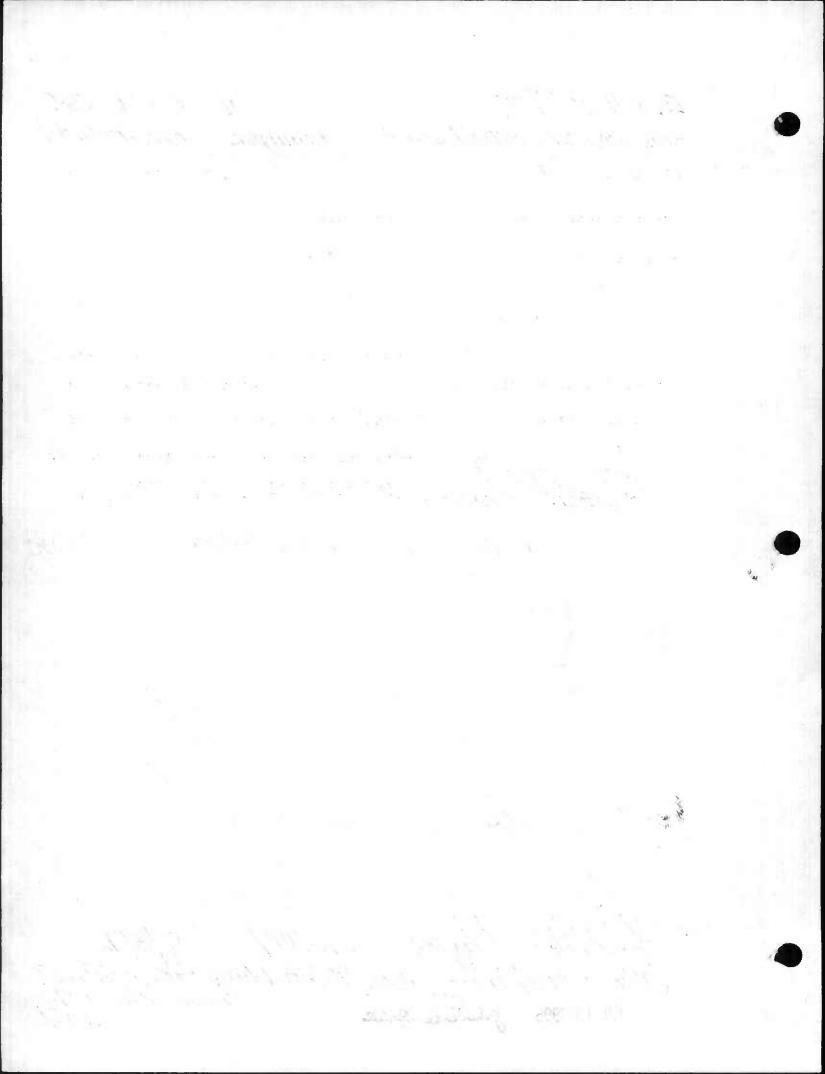
State of Maryland / Department of Health and Mental Hygiene Q 6

			Certificate of Death	Re	g. No.
Dhysia	ion	Decedent's Neme (First, Middle, Last)	01	2. Dete of Deeth Month	Day Yeer 3. Time of Death
Physic /Medi		Geraldine Natalie	Strom	July 8,	1996 10:05 AM
Exami	ner	4a. Fecliity Neme (If not institution, give street end number)		Location of Deeth	4c. County of Deeth
		220 McKinsey Rd. 5. Sociel Security Number 6. Sex 7. Age (In vrs. la.)		na Park	Anne Arundel
Funeral Director		5. Sociel Security Number 6. Sex 7. Age (In yrs. let 2 1 6 - 2 8 - 2 5 0 7 5. Sex 1 M 2 T F 6 2 Usuel Residence of Decedent	Yrs. Months Deys Hours Min.	(Month, Day,	9. Birthplace (Stete or Foreign Country) 18, 1933 Maryland
fand fand			Town or Location		10d. Inside City Limits
Many H	ţō	Maryland Anne Arundel	Severna Park		1 ☐ Yes 2 No
or 28	Director	10e. Street and Number	10f. Zip Code	10	g. Citizen of Whet Country?
23a		220 McKinsey Road	21146		U.S.A.
of 2 should be filed within 72 hours efter death with the Maryland of 2 should be filed within 72 hours efter death with the Maryland in and Menhall Hyglene. 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, its Madigal Evaniver must be notified at	by Funeral	11. Marital Status 1 □ Never Merried 2 Married 3 □ Widowed 4 □ Divorced 12. Was Decedent Ever In U,S. Armed Forces? 1 □ Yes 2 Mo if Yes, Give Year or Dates:	13. Wes Decedent of Hispenic Origin? (S If Yes, specify Cuben, Mexican, Puer 1 □ Yes 2 ☒ No Specify:	Specify Yes or No- to Rican, etc.)	14. Race - American Indian, Bleck, White, etc. Specify: White
72 hours natural',	ted	15. Decedent's Education	18a. Decedent's Usual Occupation (Give kind of work done during most of wo	1	6b. Kind of Business/Industry
within 7 ene. than "r	Completed	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+)		rking	
	ပ်	12+	Homemaker		Home
o la b	Be	17. Father's Name (First, Middle, Last)		me (First, Middle, M	
	To	Edgar David Eigenbrode		•	ra Kalista
de de la company		19a Informant's Name/Relationship (Type, Print) Mr. Arvid Strom	19b. Mailing Address (Street and Number or Re 220 McKinsey Road		
ant of the Hr. If He y or o		1 X Burial 2 □ Cremation 3 □ Removal from State	nce of Disposition (Neme of metery, cremetory or other place) oudon Park Cem. 7:		Oc. Location - City or Town, State altimore, Maryla
교환환경.		21. Signature of Funeral Service Licensia	22. Name and Address of Fecility		
Depa Impo any i		Some & Sollans	Barranco & Sons	s Funera v. Sever	l HOme na Park, MD 21140
		31 Fit1. Enter the disease, or completions that caused the deeth. shock, or he at failure. List only one cause on each line.			
Physician		SHOCK, OF HEART FAIRURE. LIST ONLY OF GRACITY MILE.	6		Interval Between Onset and Death
/Medical		Inmedia Cause (Final Se or condition CAR DIDE	IVOPATHY (EN	D St	90 (
Examiner		se or condition resulting In death) Due to (or a	as e/consequence of):	1	
D :	line	- Rheyma	tic Heart):Seasa	2_
certificate be executed ording physician and use as the burial-transit	Examiner	Sequentially list conditions,	as e consequenca of):	1	
be ey ician buria		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	tive Heart of	giluve	
phys the	Medical	resulting in death) Last	es e consequence of):		1.00
9 ÷	M	d Chronic	, Unstillactive A	rhay k	Sear
atter for t	clar			(<u> </u>
e to	Physician/	Part II. Other significant conditions contributing to death but not resulting	ing in the underlying cause given in Part I.		acco use contribute to the cause of death
				TETYO	■ 2 No 3 Probably 4 Unknow
peen /	Completed by			24a. Wes en	
0 - 6	Eo			1 □ Yas	2 No 1 Yes 2 No
ician: The certificate rector, pag	Bec	25. Was case referred to predical	26. Place of De	ath (Check only one	
5 00	TOE	examiner? 1 Yes 2 No Hospital: 1 Inpatient 2 El	Other		ice 6 Other (Specify)
g Physical distribution		27. Manner of Death 28a. Date of Injury 2	28b. Time of lnjury at Work?	28d. Describe hov	
Attending I r death. ector: After by the fune	atlo	2 Accident investigation	M 1 Yes 2 No		
or Attancations after deati	Certification:	3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Place of Injury - At hom building, etc. (Specify)	ne, farm, street, factory, office	28f. Location (Stre City or Town,	set end Number or Rural Route Number, State)
rs after or all Dir	Cer	Salari,			
To the Hospital or Attanding within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical	29a. Certifler (Check only one) 1 Certifying Physician: To the best of my knowle conditions and manger steted.	edge, death occurred at the time, date and place in and/or investigation, in my opinion, death occu	e, and due to the cau urred at the time, dat	use(s) and manner as stated. e and place, and due to the cause(s)
Withill To th	M	29b. Signature and title of certifier	29c. License number	29	d. Dete signed (Month, Day, Year)
-		Vonnum lotallon	MD - D4	1216	7-10-96
		30. Name and address of person who completed pause of death (Item 2	23a) (Type, P rint)	11	,
		1204 West St.	Annapolis,	Va	
Sta	te	31. Date filed (Month, Day, Year) 32. Registrar's Signatur	re San		
Registr	ar	JUL 1 2 1996 Julie David	ion-Handelle		

21645 State of Maryland / Department of Health and Mental Hygiene

Physici					Certifica	210 01 1	Jour,		Reg. No.	
/Medic		1. Decedent's Neme (First Middle, La	5/00f =	JR.				2. Dete of I	Deeth 2 1	96 1320
Examin		4e. Fecility Neme (If not institution, given Anne Anne Anne Anne Anne Anne Anne A	re street end number) Medical	A1 CM	186		HON Gity, Tow	m, or Location of Dec	oth 4c County	of Death winder
Funeral Director		5. Sociel Security Number 6. S 0 6 7 - 4 2 - 8 3 9 4 Usual Residence of Decedent	WRM OFF	(In yrs. last birtl	hdey) If Und Month	der 1 Year ns Deys	If Under 2 Hours	Min. (Month, I	irth (Dey, Year) 6, 1951	9. Birthplece (State or F Country) New York
ms 23s or 28s-f show	ctor	10a. State 10b. County Maryland Anne		10c. City, Town	or Location verna	Par	k			10d. Inside City I
23a or 28	al Dire	Maryland Anne Anne 10e. Street end Number 15 Sunset Drive	e		10f. :	Zip Code	46		10g. Citizen of V	Whet Country?
or its	by Funeral	11. Marital Status 1 Never Married XXMarried 3 Widowed 4 Divorced	12. Wes Decedent Ev Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Dates:			cadent of H pecify Cuba 2X No	ispanic Origi in, Mexican, Specify:	in? (Specify Yes or N Puerto Rican, etc.)	lo- 14. Rac	ce - American Indien, ck, White, etc.
"natural", edical Ex	leted	15. Decedent's Ed (Specify only highest gre	ducation ade com <i>pleted)</i>	16e.	Decedent's U (Give kind of the life. DO NOT	suel Occup	etion duning most	of working	16b. Kind of B	usiness/industry
of hygiene. other then vent, tre M	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)	fesso		sines	s.s.		Education
nd Mentel H marked ott matic ever	To Be	17. Fether's Neme (First, Middle, Last) Everett George		r.			18. Mother	s Name (First, Midd. Beatric		
le le		19e. Informent's Name/Reletionship (or Rural Route Num Severna		Stete, Zip Code) MD 21146
0		20a. Method of Disposition 1 ☐ Burial 2 ☒ ☒remetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specifi	Removel from State		, crematory o	r other plea		Dete 7 + 12 - 19		City or Town, State
Department Important: If any injury o		21. Signature of Funerel Service Licer	-0-1-	0000	22 Name Par 495	end Addres	s of Facility O & S	sons Fun	eral HO	me ark, MD 21
Medical xaminer	-	Immediate Ceure (Finel disease or dition resident)	o	74/40	ויין אין	קווזוכ	Will.	nTOLI	7	Orun
क क	min		b	ue to (or es e c						
anding physicien end use es the burlel-transit	in/Medical Examiner	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest	b	ue to (or es e co	onsequence o	f):				
ê di Se di	VMedical	thet initieted events	b	ue to (or es e co	onsequence o	f): f):	en in Pert I.	23b. Di	d tobecco uee co	ntribute to the cause of d
by the ettendir	Physician/Medical	resulting in deeth) Lest	b	ue to (or es e co	onsequence o	f): f):	en in Pert I.		d tobecco uee col	
has been signed by the ettendir ge 2 should be deteched for use	by Physician/Medical	resulting in deeth) Lest	b	ue to (or es e co	onsequence o	f): f):	en in Pert I.	24e. We per	yee 2 No s en eutopsy formed?	3 Probably 4 Uni 24b. Were eutopsy find evelleble prior to completion of caus of deeth?
ate has been signed by the ettendir page 2 should be deteched for use	Completed by Physician/Medical	Pert III. Other significant conditions of	b	ue to (or es e co	onsequence o	f): f):		24e. We per	s en eutopsy formed?	3 Probably 4 Unl 24b. Were eutopsy findi evelleble prior to completion of caus
his certificate has been signed by the ettendir al director, page 2 should be deteched for use	To Be Completed by Physician/Medical	Pert III. Other significant conditions of the co	b. Do c. Du d	ue to (or es e co	onsequence on one of the other one of the o	f): g ceuse give DOA Other 28c. Injury Work	26. Plece o	24e. We per 1 Cof Deeth (Check only sing Home 5 Received 28d. Describe	s en eutopsy formed?	3 Probably 4 Uni 24b. Were eutopsy findice evelleble prior to completion of cause of deeth? 1 Yes 2 No er (Specify)
r death. ector: After this certificate has been signed by the ettendir by the funeral director, page 2 should be deteched for use	To Be Completed by Physician/Medical	25. Wes case referred to medical examiner? 1 Yes 2 Thou	b	ue to (or es e co	onsequence of onsequence of the underlying operations and the underlying operations are of the underlying operations.	DOA Other	26. Plece o	24e. We per 1 Check only sing Home 5 Res 28d. Describe 0	s en eutopsy formed? Yes 20 No one) Idence 6 Oth how injury occurring	24b. Were eutopsy findi evelleble prior to completion of caus of deeth? 1 Yes 2 No
r death. ector: After this certificate has been signed by the ettendir by the funeral director, page 2 should be deteched for use	Certification: To Be Completed by Physician/Medical	25. Wes case referred to medical examiner? 1 Yes 2 27. Menoer of Death Neturel S Pending Investigation Suicide Gould not be determined Certifying Ph.	d. Hospitel: 1 Inpatient 28e. Detect Injury (Month, Day) 28e. Plece of Injury building, etc. (yelclen: To the best of enters.)	ue to (or es e co	onsequence of the underlying battent 3 lime of tury Mm, street, factor deeth occurred	DOA Other 28c. Injury Work 1 Tory, office	26. Plece of	24e. We per 1	Yes 21 No s en eutopsy formed? Yes 21 No one) sidence 6 Oth h how injury occurr (Street end Numb own, State)	3 Probably 4 Unit 24b. Were eutopsy find evelleble prior to completion of caus of deeth? 1 Yes 2 No er (Specify) red er or Rural Route Number,
in 24 hours efter death. The Funeral Director: After this certificate has been signed by the ettendir pletely filled in by the funeral director, page 2 should be deteched for use	ledical Certification: To Be Completed by Physician/Medical	25. Wes case referred to medical examiner? 1 Yes 2 Pending Investigation 3 Suicide 4 Homicide 29e. Certifier (Check only 2 Medical Exam	d. Du	ue to (or es e co	onsequence of the underlying me of tury Mm, street, factor for Investigation	DOA Other 28c. Injury Work 1 Tory, office	26. Plece c er: 4 \sum Nurs et ?? Yes 2 \sum No e, dete end binion, death	24e. We per 1	Yes 21 No s en eutopsy formed? Yes 21 No one) sidence 6 Oth h how injury occurr (Street end Numb own, State)	3 Probably 4 Unit 24b. Were eutopsy find evelleble prior to completion of caus of deeth? 1 Yes 2 No er (Specify) red her or Rural Route Number, anner es steted. end due to the cause(s)
r death. ector: After this certificate has been signed by the ettendir by the funeral director, page 2 should be deteched for use	Medical Certification: To Be Completed by Physician/Medical	25. Wes case referred to medical examiner? 1 Yes 2 The 27. Memor of Death 1 Neturel Investigation 3 Suicide 4 Homicide Homicide 1 Certifying Physics (Check only one)	d. Hospitel: 1 Inpatient 28e. Detect Injury (Month, Day) 28e. Plece of Injury building, etc. (yelclen: To the best of enters.)	ue to (or es e co	onsequence of the underlying me of tury Mm, street, factor for Investigation	DOA Other 28c. Injury office on, in my oppose, in my oppos	26. Plece of series 4 Nurser of the series 2 Notes and series and	24e. We per 1 Check only sing Home 5 Res 28d. Describe 0 28f. Location City or 7 Described occurred et the time	s en eutopsy formed? Yes 20 No one) Idence 6 Other how injury occurred. (Street end Numbown, State) e ceuse(s) end me, date end place, d	3 Probably 4 Unit 24b. Were eutopsy find evelleble prior to completion of caus of deeth? 1 Yes 2 No er (Specify) red her or Rural Route Number, anner es steted. end due to the cause(s)

DHMH 16 Rev 6/95



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 shoul be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEOENT'S NAME (First, Middle, Lost) Lynn Edward Sipe, Jr. 2. DATE OF DEATH MONTH 7 3 1996 12/5 PM
	4. SOCIAL SÉCURITY NUMBER 3. SEX 6. AGE (In yrs. lest birthdey) 1 XM 2 F L/5 YRS. F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 XM 2 F L/5 YRS. MONTHS DAYS HOURS MIN. 5-39-1951 Country)
TOR	90. FACILITY NAME (If not institution, give street and number) 91. Severna Park Severna Park Anne Adjuncted
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? 10d, INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? 11. YES 2 NO 109. CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 12+ 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)
8	Lynn E. Sipe Sr. Mary Lange 18. INFORMANT'S NAME (MARPHO)
10	19b. MAILING AGORESS (Street and Number or Rival Route Number, City of Town, State, Zip Code) 20e. METHOD OF DISPOSITION 13 Sunset Drive Severna Park, MD 2/1/46 20e. METHOD OF DISPOSITION 13 Sunset Drive Severna Park, MD 2/1/46 20b. PLACE AND DATE OF DISPOSITION / Name of Cametory, cremetory or of lifer place) 20b. PLACE AND DATE OF DISPOSITION / Name of Cametory, cremetory or of lifer place)
	4 Donatton 5 Other (Specify) Glen Haven 1894 (Jen Bumie MD)
	22. NAME AND ADDRESS OF FACILITY BOSTON S Funera 1 Home 495 Ritchie Hwy Severna fark, MD 21146 23 FART 1 Entar tha disease, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiratory streat, Approximate
/	shock, or heart fallure. List only one cause on each line. Approximate interval Between Onset and or condition Onset and of dying, such as Cardiac or respiratory arrest, interval Between Onset and Death
-	DUE TO (OR AS A CONSEQUENCE OF):
CATIO	Sequantisity list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.
CERTIFICATION	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST d.
SAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEC? PERFORMEC? AVAILABLE PRIOR TO COMPLETION OF CAUSE
I: MEDI	1 YES 2 NO OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Dey. Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED
	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, streef, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DESTH (ITEM 27) (Type, Print) Ann C. M ZUJCY, M.D., 900 Bestgale Road, Annapolu, MD 2401
	31. DATE FILED (MONTH), Day, 1997 32. BEGINTARIA SIGNATURE FUNDAL PANGERS

Self-Table 2007 mg from

3. TIME OF DEATH 2:17

10d. INSIDE CITY

ILS.A

White

Specify

14. RACE — American Indian, Black, White, etc.

1 YES 2 NO

Interval Between Onest and Death

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?

1 YES 2 NO

1 TYES THE NO

8. BIRTHPLACE (State or Foreign

Milwaukee, WI

DIRECTOR

FUNERAL

BY

ED.

COMPLET

BE notified

once.

Pe

must

CERTIFICATION

MEDICAL

PHYSICIAN: Item 23

BY

COMPLETED

BE

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25. WAS CASE REFERRED TO MEDICAL

XX YES 2 NO

burial-transit

the

use as

10

detached

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	after (noval.	cal e
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1	24	y fille tion,	the
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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	10	TO T	M

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) William JULY 02 DAY 1996 YEAR Schmitz Jr. 4. SOCIAL SECURITY NUMBER 220-40-9561 5. SEX 7. DATE OF BIRTH

(Month, Day You)

Feb. 5, 1914 IF UNDER 1 YEAR | IF UNDER 24 HRS. MONTHS DAYS HOURS 1 X M 2 | F 82 9e. FACILITY NAME (If not institution, give street end num b. CITY, TOWN OR LOCATION OF DEATH Harford Memorial Hospital. Havre de Grace Harford RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION Maryland Harford Havre de Grace 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1325 Superior Street 21078 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, atc.) 11. MARITAL STATUS 1 Never Married 2 XMerried 1 YES 2 NO Specify: 3 Widowed 4 Divorced 1943-1945 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-t2) 12th N/A Clerk Federal Trade Commission 17. FATHER'S NAME (First, Middle, Last)
Peter William Schmitz, Sr. 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Edith Perry 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 188 Accokeek, Md. 20607

20b. PLACE AND DATE OF DISPOSITION (Name of July 9, DATE 9 Que. LOCATION — City or Town, State Raymond D. Schmitz (Son) 20m METHOD OF DISPOSITION
11 Buriel 2 Cremetion 3 Removal from State Cheltenham, Maryland Maryland Veterans Cemetery 4 Donalion 5 Other (Specify) 22. NAME AND AODRESS OF FACILITY Lee Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 6633 Old Alexandria Ferry Rd Clinton, Md20735 23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Arteriosclerotic Cardiovascular Disease disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAINXX

HOSPITAL:
1 | Inpetient 2X ER/Outpetient 3 | DOA

28c. INJURY AT WORK? 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Yeer) 26d. OESCRIBE HOW INJURY OCCURED 1X Netural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 6 Could not be 4 Homicide 29e. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2X MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner ea stated. 29d. DATE SIGNED (Month, Day, Year)
July 02, 1996 296, SIGNATURE AND TITLE CERTIFIES 29c. LICENSE NUMBER

OTHER:

4 Nursing Home 5 Residence 6 Other (Specify)

OCME

26. PLACE OF GEATH (Check only one)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

G.S. Prabhu M.D.1810 Belair Rd # 102 Fallston MD. 21047 410-879-6564

32. DEGISTRAP'S SIGNATURES
Julia Daubles hardall

State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate	e of	Death		Re	eg. No.		G 1 0	70
			1. Decedent's Name (First, Middle, I	ast)							2. Dete of Deet	h		3. Time of	Death
	Physic		James Monroe	Shor	ter						July 3	, 1996	Year	7:00	pm
3	/Medi Examir		4e. Fecility Neme (If not institution, g	ive straet and nu	ımber)	- 1			4b. City, To	wn, or L	ocation of Death	4c. County			F
			Dorchester Ge	eneral	Hospit	al			Cam	bri	dge	Do	rche	ester	
	Funeral		5. Sociel Security Number 6	Sex.	7. Aga (In yrs.	last birthdey)	If Undar Months	1 Yaar Deys		24 Hrs. Min.	8. Date of Birth (Month, Dey,	Voor	9. Birthp	oleca (State o	r Foraign
	Director		219-42-9088	1₽M 2□F	51	Yrs.	MOINTS	Deys	Hours	Willi.	June 1	9, 194	15 M	aryla	nd
	pu »		Usual Residence of Decedent 10a. Steta 10b. County	-	40a Ci	tv. Town or Lo	nation								
	eho eho	5		hester	100. 01		ambri	i da	۵					10d. insida Cl 1 ☐ Yes	
	the N	Director	10e. Street and Number					-				2-09			20110
	with w	ā					10f. Zip		513		10	Og. Citizen of V			
	eeth 7 23	era	5302 Spring Dr	-т	edant Evar in U	IS 13 1				ain? (Sa	poits Vee or No-		S.A.	can Indian.	
	fler d	Funeral	1 Never Married 2 Married	Armed F	orcas? 2 □ No						ecify Yas or No- Rican, atc.)		k, Whita,		
21215-0020	be filed within 72 hours efter deeth with the Menyland tiel Hygiena. Id other than "naturet", or items 23a or 28a-f ehow event, the Medical Examiner must be profited at	by	3 ☐ Widowed 4 X Divorced	M Mar O	iva Detas: 196	4	1□Yas 2	No No	Specify:			Specify	Wh	ite	
0	22 ho	Pe	15. Decedent'e	Education		16a. Dece	dent's Usua	l Occu	petion			16b. Kind of Bu	isiness/in	dustry	
2	within 72 ena. than *nat	Completed	(Specify only highest g Elementary/Secondery (0-12)		(1-4or 5+)				petion during mos d)						
	filed wi Hygien ither th ent, the	S	11			Air T	raff	ic					-	tatio	n
pue	tel Hygie d other event, p	Be	17. Fether's Neme (First, Middle, La. Granville S.								e (First, Middle, M		Θ)		
3	should by	2			: L						E. Air	-			
Maryland	2 4 9		19e. Informent's Neme/Relationship Murial E. Shor		thor	_	_				ral Route Number,			,	,
a)	feat feat m 2 her		20a. Method of Disposition	.cel/Mc		Place of Dispo			A DET	ve,	Cambri Dete 2	20c. Location -			,
nor	nt of or		1 Burial 2 □ Cremetion 3		Stete	cemetery, crer	metory or of	har pla			.0011				
Baltimore,	permit. Pages 1 and: Department of Health important: If Item 27 I any Injury or other tr once.		4 □ Donetion 5 □ Other (Special Signature of Funeral Service Lice		MI). Vet					7-8	Hurl	ock	, MD.	
Ba	permit. Pages 'Department of I important: If ite any injury or of once.			K.		Ć	urrai	n-B	romwe	11	Funera.	1 Home	, P	. A .	
			Mager Miller	ad-13	mu	rell 3	08 H:	igh	St.	, Ca	ambridge	e, MD.	21		
J.	Dhariston		23a Part Enter the disease, or co shock, or heart failure. List on	y one cause on	each line.	yi. Do not ent	er the mode	a or uy	ng, such as	cardiac	or respiretory erre	181,	1	Approximate intervel Bet Onset and E	ween
9	Physician /Medical	١.	Immediate Cause (Final	01	an la	C.	12/1	P.	ii A					50	-
	Examiner		disease or condition resulting in deeth)	θ.	Dunta	or, es e consec	71	10	101				i	Sp	0
		ner		121	cohol	a consec	1	7.	1	-	AR.O		1	54	7
	The law requires that the deeth certificata be assocuted ate has been signed by the ettending physician and page 2 should be datached for use as the burlat-transit	Examiner	Sequentially list conditions,	b	Due to (c	or es e consec	quence of):	~>	. 5	26	// - (-				
0,	e axe	EX	if eny, leeding to immediate causa. Enter Underlying Cause (Disease or Injury										į		
68760,	hysic the b	edical	thet initiated events resulting in death) Last	C. —	Dua to (c	or as e conseq	uence of):								
×	ing p	2		l d											
80	ires that the deeth or signed by the ettend d be detached for us	Physician/		· ·									1		
P.O.	the de	ysic	Pert II. Other significant conditions	contributing to d	leath but not res	ulting in the u	nderlying ca	ause gi	ven in Pert I		23b. Did to	bacco use co	ntribute to	the cause o	f death?
σ.	ed by datac		Hyperter	Gión							1 □ Ye	S SEINO	3 ☐ Pro	bably 4	Unknown
Records,	sign d be	d by	2011	1	11	1	1				24e. Wes ar	a sutoney	24h W	era autopsy fi	indings
00	w require been si should I	Completed	17001+ O1	User	Din	Jey	Ley				perform		av co	ailable prior to impletion of c	0
Re	has ge 2	du										1		death?	
Viita			25. Wes case referred to medical								1 ☐ Ye		11	Yas 22	No
5		o Be	exeminer?	Hospitel:	inpatient 2	ED/Outration	u 0□ 00	Ot	hor		h (Check only one		(0	E.4	
o		n: To	27. Manner of Deeth	28a. Dete	of Injury	28b. Time of		Bc. Inju Wo		irsing Ho	28d. Describe ho	w Injury occur		γ)	
o	Attending or death. ector: After by the funa	atlo	1 Naturel 5 ☐ Panding 2 ☐ Accident Invastigati		nth, Dey Year)	Injury	М		rk?]Yes 2□	No					
Division of	or Attending I after death. Director: After I in by the funa	HIC	3 Sulcide 6 Could not determine	286. Plece	e of injury - At h	ome, farm, str	eet, fectory	, office			28f. Location (Str		er or Rure	el Route Num	ber,
	s after s after of in by	Certification:	4 Hollicide	Dulid	ing, etc. (Specit	y)					City or Town	, 51010)			
	hour hour uners My fills	- 1	29a. Certifier Check only 2 Medical Ex	hyelclan: To the	a best of my kno	wledge, deeth	occurred a	t tha ti	ma, dete an	d piece,	end due to the ce	use(s) end ma	nner es s	teted.	
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funaral	ledical	one) 2 Medical Ext	end men	nar stated.	MOU AUG/OLIU/	vestigetion,	и ту	opinion, dee	in occur	red et the time, de	ne ena piece, i	ena aue to	the cause(s)	1
	To T	Σ	29b. Signature and this of conflien	30			29c.	Lican	se number		29	d. Dete signed	(Month,	Day, Year)	
			Market	con	M		6	3	638	58	1	7-4-	76		
			30. Name and address of person who	completed cau	se of deeth (Iter	n 23a) (Type,	Print)		11	1	1	201	1.1-	>	
			11/4Clifel FA	rev-en	Md 3	603 G	04/1	5	HU	100	K MCV	2/6	75	>	
	Sta Registr		31. Dete filed (Month, Dey, Year) JUL 9 1	96	egistrar's Signa	ature Parda	ıt.								
	ricgisti		301 0	ויין טכנ	EVAL, BU HUNNI	HAY A MALON	~4								

Parker F. Share of Char and the second control of the second of the 12 1 25 1 to the second of to the first of the second of

State of Maryland / Department of Health and Mental Hygiene

						Cert	ificate c	f Death)		Reg. No.		
	81		1. Decedant's Nama (First, Middla, I							2. Data of D	aath Day	Vent	3. Tima of Death
	Physic /Medi		HAROLD R	. SCH	AEFFER	۶.				07	06	Yaar 96.	1948 hr
	Exami		4a. Facility Nama (If not institution, g	iva straat and numb	ar)			4b. City, To	own, or Lo	cation of Dea	th 4c. Coun	ty of Death	
			ATLANTIC	GENERA	+CHOSPI	TAL	_	BE	RLII	V	WOR	CEST	TER.
	Funeral			Sax 7.	Aga (In yrs. last birt		If Undar 1 Ya		24 Hrs. Min.		irth	9. Birthp	placa (Stata or Foraign
	Director	и	188-05-5295	1 M 2 F	77	rs.	Months	ys Hours	Will.	6-13	19	Coui	A .
	pu >		Usual Rasidance of Dacadant 10a. Stata 10b. County		to on Tour		***						
	show show	2	MD. WORCE	STER	BERL I	N	ation						10d. tnsida City Limits 1 ☐ Yas 2 No
	r 28a-f show	ect e					404 7:- 0-4				40- 000-		
	with be	ä	10e. Street and Number 73 BOSTON DR	IVE			10f Zip 60d 2 I 8 I	1			10g. Citizan of USA	What Cour	ttry?
	72 hours after deeth with the Meryland natural', or flerna 23a or 28a-f show seel Examiner must be notified at	by Funeral Director	11 Martin Chabus	12. Was Deceda	ent Ever In I I S	12 1/4	oc Donodoot a	f Hispania Or	ialo2 /Sa	acify Yas or N		ice - Amaric	nan Indian
_	items items	S	11. Marital Status 1 Navar Married 2 Married	Armed Force	as?	IS. W	Yas, specify C	uban, Maxica	n, Puarto	Rican, atc.)	Bi	ack, Whita,	
21215-0020	ours aft	by	3 Widowed 4 Divorcad	If Yes, Giva Yaar or Data	LALA T T	10	□ Yas 💢	lo Specify	:		Spec	^{ify:} ₩ H I	TE
9	72 hours "natural",		15. Dacedant's	Education		Deceda	nt's Usual Oc	cupation			16b. Kind of		
215	-	Completed	(Spacify only highast g Elamantary/Secondary (0-12)	rada complatad) Collaga (1-4)	07.54)	(Giva kl. lifa. DC	nt's Usual Oc Ind of work do O NOT usa rel	na during mos ired)	st of work	ing			
21	d within piene. r than	E	12	Collaga (1-4	01 54)	MA	CHINI	ST			TOOL	8 D1	E
b	office file	Be	17. Fathar's Nama (First, Middla, Las	it)		_					a, Maidan Suma	,	
/la	should be filed within and Mental Hygiene. marked other than umatic event, the M	10	FRANKLIN SCH	IAEFFER				Mar	gare	et Jes	in Thor	nber	g
Maryland	N 0 0 5		19a. Informant's Name/Ralationship			_				_	ber, City or Tow		
	of Haalth Item 27		M. SUSAN SCH	AEFFER	50)24	OCEAN	PINE	S	BERLIN	, MD.,	218	11
ore	of He		20a. Mathod of Disposition 1 Deurlal 2 Cramation 3	Domewal from Sta		Disposit y, crema	tion (Nama of atory or othar)	olace)	1	Data	20c. Location	- City or To	own, Stata
Ĕ	Pe ner		4 Donation 5 Other (Spec	ify)	SALISE	BURY	CREM	ATORY		7-8	SALIS	BURY	, MD.
Baltimore,	permit. Pege Depertment of Important: If any Injury or pnce.		21. Signature of Funaral & vice Lie	Mose / //		22. 1	Nama and Ad	drass of Facil	ity				
m	205 2 3		Lhn D	1/1/1/20	1	UL	LRICH	FUNE	RAL	HOME	BERLI	N, M	D.
	_		23a. Part1. Emer tha diseasa, or co shock, er heart failura. List on	nplications that cau	sad tha death. Do n	ot antar	tha moda of	lying, such as	s cardiac	or raspiratory	arrast,		Approximata
	Physician		Shoot, Whoar landia. Clot On	y one causa on aac	i iii a.								Intarval Batween Onsat and Death
4	/Medical		Immediata Causa (Final disaasa or condition	CRY	04051/	1.0	tomi	Dicen	CP				11 0
п	Examiner		rasulting in daath)	a	Dua to (or as a c	onseque	anca of):	01300	2 (1				years.
-	D #	ner	Immediate Causa (Final disaasa or condition rasulting In daath) a. Caronary Antery Disease. Dua to (or as a consequence of):										
	v requires that the death certificete be executed been signed by the ettending physicien end should be dateched for use es the burlet-transit	Examiner	Sequentially list conditions, Dua to (or as a consequence of):										
60,	clen clen		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated evants	C								1	
68760,	ertificete be execut ling physicien end ie es the buriel-trar	edical	that Initiated evants rasulting in daath) Last		Dua to (or as a c	onsequa	anca of):						
×	ding	₹		l d								i_	
Bo	requires that the death c seen signed by the ettenc hould be dateched for us	Physician											
P.O.	the d	ysi	Part II. Other significant conditions	contributing to deat	n but not rasulting In	tha und	larlying cause	given In Part	1.				o the cause of death?
	that ned b	by Pi	COPA.							1	Yes 2□ No	3 K bto	bably 4 Unknow
Records,	ulres n sigr	D D								24a. Wa	s an autopsy	24b. W	ere autopsy findings
000	Shot	lete								peri	formed?	co	railable prior to emplation of cause daath?
Re	The lew ate has b	Completed									- 10/		
			25. Was casa rafarrad to medical						4-		Yas 2 No	11	☐ Yas 2☐ No
of Vital	Physician: The lew this certificate has t ral director, pege 2 s	o Be	axaminar?	Hospital:			aCI no.	Other		(Check only			
of	Phy this	. To	27. Mannar of Daath	- 5			3LI DOM	ijury at Vork?			how injury occu		у)
Division	ding th. Afte	tio	Natural 5 Panding 2 Accidant Invastigati	28a. Data of i (Month,	Day Yaar) In	ijury		∛onk? ∐Yas 2⊡	No				
/ISI	Attan dee ctor	flea	3 ☐ Sulcida 6 ☐ Could not	be 28a. Place of	Injury - At homa, far	m, strea	at, factory, offic	> 9		28f. Location	(Street and Num	ber or Run	al Routa Number,
ă	afte afte Dire	Certification:	4 ☐ Homicida	building,	etc. (Spacify)					City or To	wn, Stata)		
	To the Hespital or Attanding Ph within 24 hours after deeth. To the Funeral Director: After thi completely filled in by the funeral	aic	29a. Cartifier 1⊠ Certifying P	hysician: To tha be	st of my knowledge,	daath o	occurred at the	tima, date ar	nd place,	and due to the	causa(s) and n	nanner as s	tated.
	No Fu	edical	(Check only 2 Medical Exa	minar: On the basis and mannar	of axamination and stated.	l/or inva	stigation, In m	y opinion, das	ath occurr	ed at tha tima	, data and place	, and dua to	tha causa(s)
	To the to the total	Σ	29b. Signature and 100 of partition	-/-			29c. Lica	nsa number			29d. Data sign	ed (Month,	Day, Year)
		10	- 1 M.	FED MD			00	05061	05.		July	, 6.	96.
		1	30. Nama and addrass of person who				rint)				(
_			JOHN CHRISTI	EMO	97. strar's Signatura	33	Healthu	av Dr	. 18	perlin.	MD .	21811	
	Sta	ite	31. Data filed (Month, Day, Year)	32 Ragi	strar's Signatura								
	Registr	rar	JUL 0 8 199	b State d	Tavaleon Kar	all							

4 2 5435

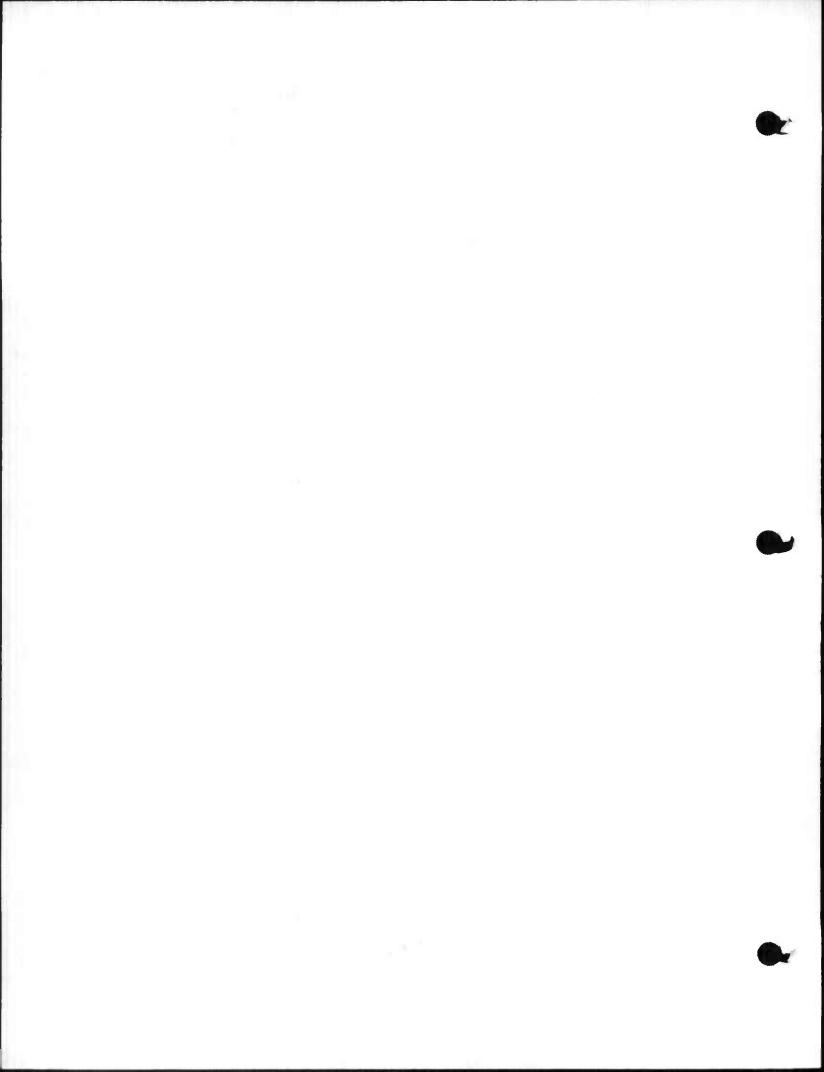
DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	AEGISTNAN		U	SHIIF	ICAL	= UF	DEAL			REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	Blenda			7				2. DATE O MONTH	D		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	Elton S						July		199	96	8:40 PM
		1 M 2 F	6. AGE (In yrs. les	YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF	E BIRTH (Day, Year) 23, 1	900	Country	PLACE (State or Foreign) inois
	9e. FACILITY NAME (If not institution, give str	reet and number)			9b, CITY	TOWN C	OR LOCATION	ON OF D	EATH.	23, 1		TTT OF DE	
OR	Reeders Memorial	Home				onsb						ingt	
ត្ត	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			I son CIT	Y, YOWN C								
DIRECTOR	Maryland Washi	ington			ager								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
7	10e. STREET AND NUMBER				-0	_	. ZIP CODE				10a. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	1036 Marshall Stre	eet					2174	40			US		in occurry
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT O	F HISPAI	NIC ORIGIN? In, Puarto Ric	(Specify Yes	or No-	14. RACE	- American Indian, White, etc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				2X NO			an, a(c.)		Specifi	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON est of working	a	16b. K	IND OF BUS	SINESS/IND	USTRY	772.200
12	Elementary/Secondary (0-12)	College (1-4 or 5 +	7					•					
MO	17. FATHER'S NAME (First, Middle, Last)		1 110	usek	eepii	ıg	18. MOTH	IER'S NA	ME (First, Mic	ursing			
BEC	Edward W. Marter	ney					Virg		Gim		our name,		
10	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRESS	(Street a			Route Number		n, State, Zip	Code)	
F	Dawn V. Schaff		1	12 M	ornir	12 S	ide I	riv	e Wi	inches	ster.	Vir	ginia 22601
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remove	val from State	20b. PLACE	ANDDATEC	OF DISPOS	ITION /Na	me of		OATE	20c. LO	CATION - (City or Tow	rn, Stata
	4 Donation 5 Other (Specify)		- cemetery, cre Funks	stown	i Ce	mete	ery		7/11	Fun	kstov	m, N	Maryland
	21. SHONATURE OF FUNERAL SERVICE LICE	Viene	20.		Ge	ralc	N.	Minr	CILITY	305	N. Po	toma	c Street
-	22 2007 1 500	mnu	21		Fu	nera	1 Hor	ne		Hage	rstov	vn, N	Maryland
	23. PART I. Enter the diseases, or co shock, or heart failure. L	ist only one cau	t caused tha da se on each line	ath. Do n	not enter	tha mo	de of dyle	ng, suc	h ss cardia	c or respi	ratory arre	est,	Approximats interval Between
	IMMEDIATE CAUSE (Final disease or condition			0									Onset and Death
	resulting in daeth)	DUE TO	(OR AS A CONSEC	DUENCE OF	e for	when	^						2-300
z	Conversion to the secondary C. b.		(OR AS A CONSEC	conti	in H	aan	r for	dan	~				Iwak
CERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
2	areas (sisouse of injuly		An	teri	ی مرد	end	2 0	لممق	inna	all D	hnou	4	30
Ē	that initiated events resulting in death) LAST	DOE TO	(OR AS A CONSEC	DUENCE OF	F):								
빙	d.												
	PART II. Other significant conditions				n the un	deriying	cause g	lven in	Part I. 2	4a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	Mathematham	Senith	Demen	12					1	YES 2			COMPLETION OF CAUSE OF DEATH?
M									_				1 _ YES 2 _ NO
PHYSICIAN:	DID TOBACCO USE CONTR	IBUTE TO CA					UNC	ERTAIN	۷ 🗆 📗				
ᅙ		HOSPITAL:		E OF DEAT	OTHER								
ΙXS	1 YES 2 NO	1 Inpatient 2			4 Nurs	ing Hom		idenca	8 Other (Specify)			
	1 Natural 5 Pending	28a. DATE OF (Month, Da		28b. TIMI INJ	URY M	28c. INJI WO	RK?		28d. DESCF	AIBE HOW I	JURY OCC	URED	
6	2 Accident Investigation 3 Suicide Could and be	28e, PLACE OF	F INJURY — At ho	ne ferm e	traet tacte		'ES 2 🗌	NO	201 1 0017	ION (O			
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	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE						Month, Day, Year)
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat
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96 21651 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH DOROTHY JUNE STINE JULY 1996 3:15 AM A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (in vrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. B. BIRTNPLACE (State or Foreign 213-18-8986 1 M 2 X F 75 YRS. JUNE 6, 1921 IOWA 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR COLTON VILLA NURSING CENTER HAGERSTOWN WASHINGTON RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND WASHINGTON **BOONSBORO** 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 101 ZID CODE 10g. CITIZEN OF WHAT COUNTRY? 21403 MT. LENA ROAD 21713 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. It yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 8 HEEL PRESSER SHOE MANUFACTURING 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First Middle Maiden Surname) JESSE M. STINE GLADYS PRUDENE BENSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 13009 LOY WOLFE ROAD, SMITHSBURG, MD VIRGINIA CROW 21783 208 METHOD OF DISPOSITION
1 & Burlai 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE MT. LENA CEMETERY 4 Donation 5 Other (Specify) 7/10/96 MT. LENA, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7606 Old National Pike Paul M. Dean BAST FUNERAL HOME Boonsboro, MD 21713 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or haert fallure. List only one ceuse on each line Interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) worker eveloro una CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 7 NO PHYSICIAN: 25. WAS CASE REFERRED JO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation

29a. CERTIFIER 1 SCERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursd at the time, date and place, and due to the cause(e) and menner as stated. SIGHATURE AND TITUE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) un.D

26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

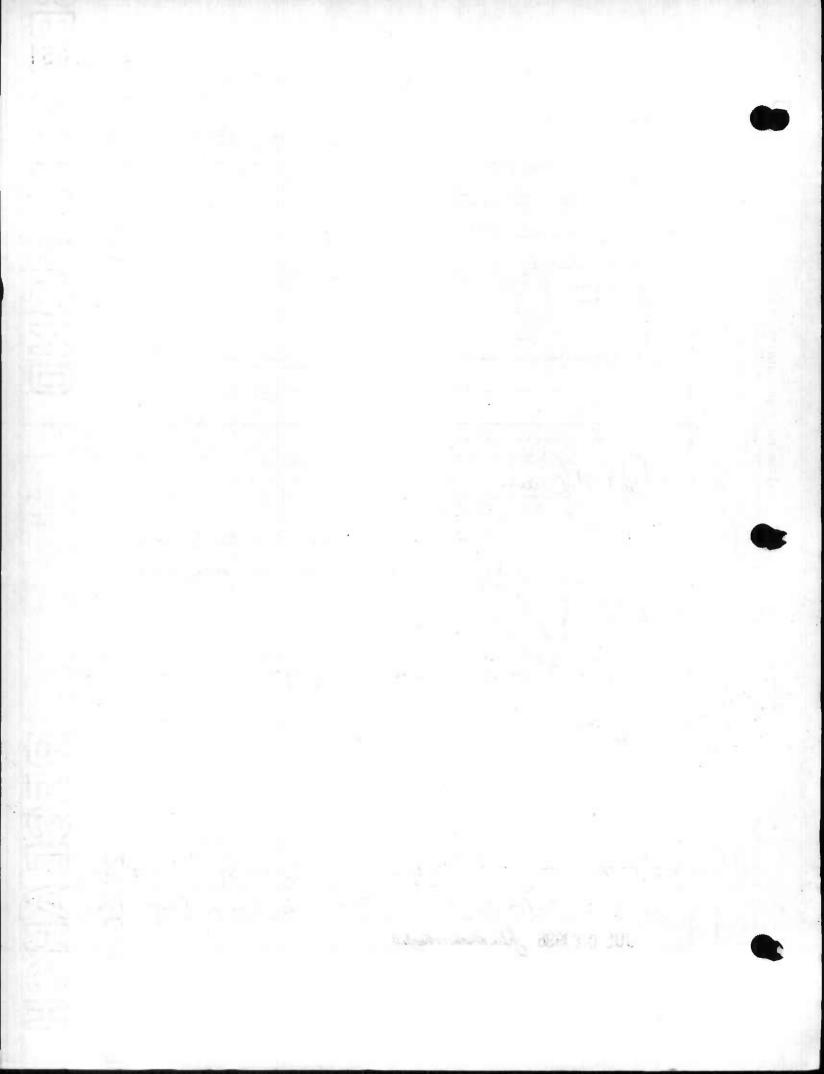
WHO COM LETED CAUSE OF DEATH (ITEM 27) (Spe. Pr

Correces m.D 32. REGISTRAR'S SIGNATURE 1: DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

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26f. LOCATION (Street and Number or Rural Route Number, City or Town State)



Physici /Medic **Examin**

Funeral Director

permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-1 show any Injury or other traumatic event, it a Medical Examinal must be notified at

Physician /Medical **Examiner**

Baltimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

			State	of Marylar				Health Death		Mental Hy	ygier Reg. I		96	21	65	2
n	1. Decedant's Nama CYNTHI			OU	S	IMPS	ON			2. Data of D Month JUNE		Day 0 1	Yaar 996		na of Deat	1
	4a. Facility Nama (If I	not institution, ITCHE							own, or Lo	ocetion of Daa		4c. Count	y of Death			
	5. Social Sacurity Nu 212-80-74	70	6. Sax 1 M 2 X F	7. Aga (In yrs. 33	last birthday) Yrs.	If Undar Months	1 Yaar Days		r 24 Hrs. Min.	8. Data of B (Month, D	ay, Yea				tata or Fore	ign
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חופר	10a. Streat and Numb		Road			10f. Zip		921	П				What Cou	•		
to be completed by Funeral Director	11. Marital Status 1 ☐ Nevar Married 3 ☐ Widowed 4	- 1000011	Armed F	2 XNo iva		Was Daced If Yas, spec 1 ☐ Yas				pecify Yas or N Rican, atc.)	lo-	Bia	ce - Amari ack, Whita fy: Whi	atc.	an,	
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F	Part ii. Other significa	ant condition	s contributing to d	eath but not ras	ulting In tha u	ndarlying c	eusa gi	van in Part	l.			co use co 2□ No			use of dea	
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2	29a. Cartifiar	☐ Certifying	Physician: To the	best of my kno	aset in wledge, death	bed occurred	at tha ti	ma, data ar	nd place,	and dua to the	Lto	(s) and m	annal as	and and		21

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours efter death.

To the Funeral Director: After this certificate hes been signed by the ettending physician end completely filled in by the funeral director, page 2 should be deteched for use as the bunel-transit Division of Vital Records, P.O. Box 68760,

31. Data filed (Month, Day, Year)

29b. Signature and title of certifier

29c. Licansa number O.C.M.E

29d. Data signed (Month, Day, Year)

JULY 01,1996

d address of person who completed ceuse of death (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

JUL 0 8 1996

32. Registrar's Signatura his Davidson-Andres

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State of Maryland / Department of Health and Mental Hygiene

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Ĵ	Exami		4a. Facility Name (If not institution, PENINSULA REGI			ENTER			4b. City, To		ation of Death	4c. Coun	ty of Death		
	Funeral Director				7. Age (In yr.	s. last birth		If Undar 1 Ya Months Day	ar If Under	Min.	8. Data of Birti (Month, Day	h y, Year)	9. Birthi		ata or Foraign
	D		Usual Residence of Decedant 10a. State 10b. County		10c. (City, Town						9 1700		10d. Insid	da City Limits
	th the Me x 28a-f	Directo	Maryland Some: 10e. Street and Number	cset		-	Kno	des Poi				10g. Citizen o	f What Cou		Yes 2 No
	th will	a	3395 Marsh Ro	oad				21	824			US	A		
070	iges 1 and 2 should be filed within 72 hours after death with the Maryland 11 of Health and Mental Hygiene. If If them 27 is marked other than "natural", or Itams 23a or 28a-f show or other treumstic evant, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Nevar Marriad 2 □ Marrie 3 □ Widowed 4 🏋 Divorced	12. Was Dece Armed Fo 1 Yas If Yes, Giv Yaar or Do	rcas? 2 No	U,S.	lf '	/as Decedent of Yes, specify C	uban, Mexica	n, Puarto Ri	ify Yes or No- ican, atc.)	В	aca - Americack, White,	atc.	n,
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	1 and 2 Health of 27 le		Lena M. Sneade	(mother)		3	395	Marsh	Road -	- Rhod	les Poi	nt, MD	218	24	
saumore,	P P P		20a. Method of Disposition 1		State	cematary	, crama	ition (Name of atory or other p int Cen		7/7	Date 7/96	20c. Location Rhodes			
Dan	permit. Pag Department Important: il any injury o		21. Signutury of Funeral Service Li Robert H. Bra		Sons F	uneral Crisf		MD 2	1817						
	Physician /Medical		23a. Part1. Enter the disease, or c ahock, or heart failure. List or Immediate Cause (Final									rest,		Approx	
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)			30. Neme and address of person wi	no completed cause	of death (Ite	əm 23a) (T	ype, P	rint)	306	90		50/7	3, 1	199	<
	S+-	to	31. Date filed (Month, Day, Year)	Mart.	, M.	2. , ,	14.	5 E.	Corro	1157	, 5.	1.350	71	M	7.
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_			I December No. of First Administration Leaving	State of Maryla		rtificate					Reg. No.	6	21000
	Physic /Medi			AKEM						2. Date of Dec Month JUNE	Day 29,	Yeer 1996	3. Time of Death 10:00AM
	Exami	ner	4a. Fecility Name (If not institution, give s Sacred Heart Ho					b. City, Tov umbe		ation of Deeth d	4c. County Alleg		
	Funeral Director		-1.0,1273	7. Age (In yrs М 2₩ F 85	. last birthday) Yrs.	If Under 1 Months	Yeer Deys	If Under 2 Hours	Min.	B. Dete of Birt (Month, De (arch	^b .29',19:	9. Birthpl Count L 1 M a	ece (State or Foreign
	Maryland H show	tor	Usuel Residence of Decedent 10a. State Maryland Allega	ny Mi	ity, Town or Lo dland	cation						10	0d. Inside City Limits
	3a or 28	i Direc	10e. Street end Number 19817 Big Lane			10f. Zip C 2154					10g. Citizen of	Whet Count	ry?
020	be filed within 72 hours after death with the Maryland tel Hyglene. Id other than "naturel", or items 23a or 28a-f show event, the Modical Exeminer must be notified at	by Funeral Director	11. Maritel Status 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. Wes Decedent Ever in the Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		Was Decede		spanic Origin, Mexican,	in? (Spec Puerto R	ify Yes or No- ican, etc.)		ce - America ck, White, e y:Whit	etc.
Baltimore, Maryland 21215-0020	within ene. than	Completed by	15. Decedent's Educ (Specify only highest grade Elementery/Secondary (0-12)		18e. Deced (Give life. I	dent's Usuel kind of work DO NOT use anage:	Occupe done d retired,	ition <i>uri</i> ng most	of working	7	16b. Kind of B	usiness/ind Hote	
yland		To Be C	17. Father's Name (First, Middle, Last) Claude L. Ward					Eliz	abet	h Du	Meiden Suman ICKWOTt	h	
, Mai	2 9 9 8		19a. Informant's Neme/Relationship (Ty) Patrick Stakem	e, Print)							er, City or Town,		^{Code)}
imore	20 0		20a. Method of Disposition 1⊠ Burial 2 □ Cremetion 3 □ R 4 □ Donation 5 □ Other (Specify)		Place of Dispo cemetery, cren	sition (Neme netory or oth ephs (of er plece Cem	eter	yJu1	y 1,1	20c. Location 996 Mi	city or Too .dlan	vn, Stete
Balt	permit. Peg Department Important: If any Injury o		21. Signature of Funeral Service License	· Ka	22 E		Addres	s of Fecility —MCK	enzi	e Fun	eral H		
	Physician /Medical Examiner	1	23a Parti. Enter the disease, or compliance, or heart failure. List only on Immediate Ceuse (Final disease or condition resulting in death)	Arteru		rotie					vislas		Approximate interval Between Onset end Deeth
ox 68760,	eath certificate be executed ettending physician and I for use as the buriel-transit	VMedical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resuiting in death) Last		or as a conseq or es e conseq								
Box	death certine and estimated for use a	Physician/M	Part il. Other significant conditions cont	ributing to death but not re-	suiting in the u	nderlying cau	se give	n in Part i.		23b. Did 1	tobacco use co	ntribute to	the cause of death?
, P.O	that the dended by the sidetached	by Phy	odvance p	eripleral in	riced	la ?	ise	arl		10	Yes 2 No	3 Prob	ably 4 Unknow
Vital Records,	e lew requires t hes been signs je 2 should be	ompleted b		U						24e. Wes	en eutopsy rmed?	con	re eutopsy findings flable prior to npietion of cause leeth?
alR	The ate h	e Con	OF West of the state of the sta							101		1□	Yes 2□ No
of	ling Phys After this Juneral di	To B	25. Was case referred to medical examiner? 1 Yes 2 No 27. Manger of Death 1 Natural 5 Pending investigation	ospital: 1 Inpatient 2 [28a. Date of injury (Month, Day Year)	28b. Time of Injury		Othe	ri: 4□ Nur	sing Hom		dence 8 Oth)
Division	10年 10日	Certification:	3 Suicide 6 Could not be determined	28e. Place of injury - At h building, etc. (Speci	nome, ferm, stri	eet, factory, o	office		28	M. Location (S City or Tox	Street end Numl vn, Stete)	er or Rural	Route Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical	29a. Certifier 12 Certifying Physic (Check only one) 2 Medicat Examin	cian: To the best of my known: On the basis of examination and manner stated.	owledge, death atlon and/or inv	occurred at restigation, in	the tim	e, date and inion, deat	placa, an	d due to the d at the time,	cause(s) and m date and piace,	anner as ste end due to	eted. the cause(s)
	within 2	Me	29b. Signature and title of certifier Wayne	Spind	, m	29c. I		number	13		29d. Date signe		
(Pas		30. Name and address of poson who as L.E. Wayne Son		m 23a) (Type, Seton		· U.	mbe	rla	nd, M	10 21	502	

Pegistrar's Signature

State Registrar

31. Dete filed (Month, Dey, Yeer)

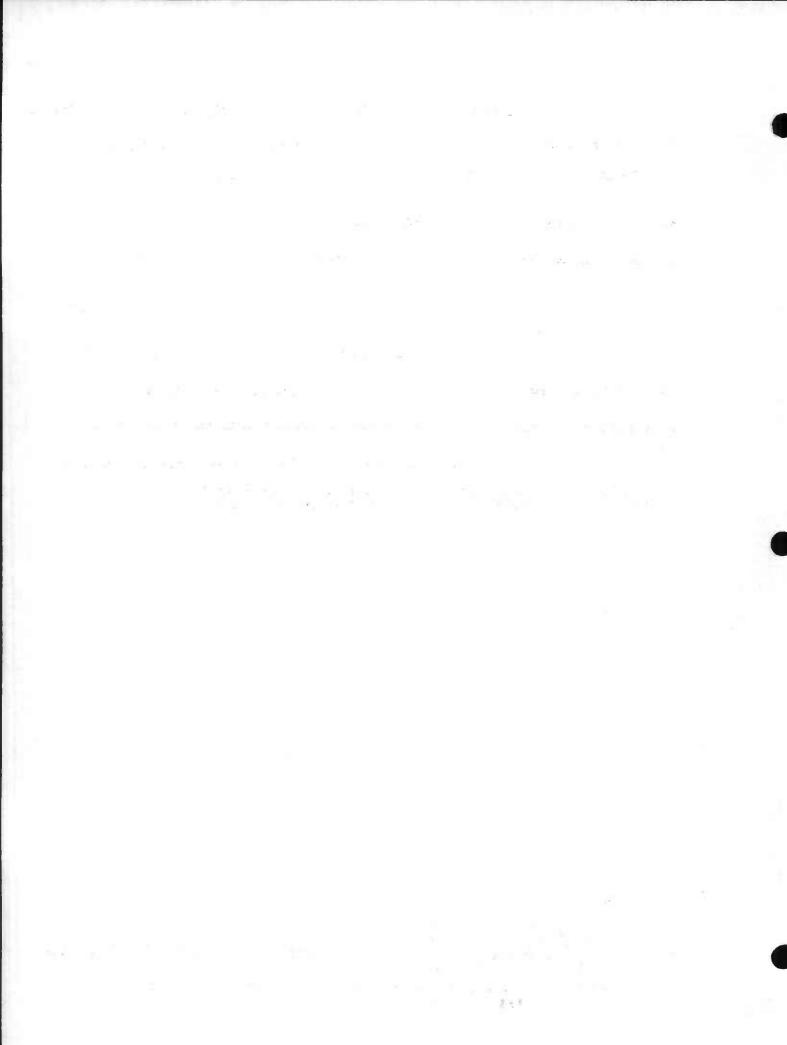
JUL 0 3 1995

State of Maryland / Department of Health and Mental Hygiene

96 21656

						Cei	rtificate of	f Death		Reg. No.	0	21000
	Dhusia	ian	1. Decedant's Name (First, Midd	le, Last)					2. Data of Do	eath Day	Year	3. Time of Deeth
	Physic /Medi		HAZE	L JANE		S	PICHER		July	,	1001	12:15 am
	Exami		4a. Fecliity Nema (If not institutio	n, give street end number)			4b. City, Town, or	Location of Daar	th 4c. County	of Death	
			Memorial Hospi	tal				Cumberla	and	A11	egany	7
	Funeral		5. Sociei Security Number	6. Sax 7. A 1 ☐ M 2X F	ga (In yrs.	last birthdey)	If Under 1 Yes			rth av. Year)		piaca (Steta or Foreign ntry)
	Director		215-12-2142	ILM ZDF	76	Yrs.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Jan 1	12, 1920	P	A
	pud .		Usuel Rasidance of Decedent 10e. State 10b. County		10c Cit	y, Town or Lo	cetion				- 1	10d. Inside City Llmits
	aho	5			100.0%							112 Yas 2 □ No
	Ne N	Director	MD Alleg	any		Cumber						**
	Nith No.	ă					10f. Zip Code			10g. Citizen of		ntry?
	# 23	era	603 Greenway 1		· Francis II	C 10.1	2150			US		and Indian
020	be filed within 72 hours after deeth with the Maryland net Hyglene. Ide thyglene. Ide ther than "natural", or items 23a or 23a-f ahow event, the Medical Examinat must be notified at	by Funeral	11. Marital Status 1 Nevar Merried 2 Merried 3 Widowed 4 Divorced	If Yes Give	?		rvas Decedant of f Yes, specify Cu I □ Yes 2X No	Hispanic Origin? (Siben, Mexican, Puar o Specify:	to Ricen, atc.)	Specify	ck, Whita,	
ŏ	2 hou	8	15. Deceden	it's Education		16e, Deced	ient's Usuel Occ	upetion		16b. Kind of B		white
Maryland 21215-0020	filed within 72 Hygiena. rther than "na ent, the Medi	Completed	(Specify only higher Elementery/Secondery (0-12)	st grede completed) College (1-4or	5+)	life. l	kind of work don DO NOT use retii Clerk	a durina most of wo	rking	Social		
D	Hyg offhe ent,	BeC	17. Fether's Neme (First, Middla,	Last)		2 0211102		18. Mother's Na	me (First, Middle	, Meiden Sumer	-	
a	2 should be filed and Mentel Hygi is merked other sumstic event,	To B	Earl Ford Sp	icher				Lena C	ecelia	(Baumnam)	
ary	d 2 should th and Mer 7 is merke traumatic	-	19e. Informent's Neme/Reletions			19b. Meilir	ng Address (Stre	et end Number or R				p Coda)
	Dag 25		Joan Spicher-	-sister		603	Greenway	Avenue;	Cumberl	and, MD	215	502
Baltimore,			20a. Method of Disposition			lace of Dispo	sition (Neme of netory or other p		Data	20c. Location	City or T	own, Steta
Ĕ	Pages nent of I int: If ite		1 XBuriel 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (S		9		Rose Ce		07/07	Friend	levi 1	le, MD
alti	- E E E		21. Signeture of Fuperel Service	•	00		. Nama and Add	rass of Facility		TITCH	SVII	ic, in
m	Depa Impo any ir		Minholas	MOUD	oll:		Scarpe.	lli Funera				
			23a. Pert1. Enter the diseesa, or shock, or heert failure. List	domplications that cause	d the deat	h. Do not ent			21502 c or respiretory	errest.	-	Approximate
	Physician		shock, or heert failure. List	only one cause on each	line.				,			Interval Between Onset and Deeth
	/Medical		Immediete Cause (Finai	Α							i	0 1
	Examiner		disease or condition rasulting in death)	e. ASPIT		pneum r es e conseq					i	2 days
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	death certificate be assouted e attending physician end of for use es the buriei-trensit	Examiner	Sequentially list conditions.	6.	Due to (o	r es a conseq	uenca of):					
ó	an e		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury								i	
68760,	nte be	Physician/Medical	that Initiated evants resulting in death) Last	С	Dua to (or	r as a conseq	uence of):					
39	ng ph	Jed	resulting in death) Last								i	
Box	eath cer attendin for use	an		d							1	
. E	deal deal	SICI	Pert ti. Other significant condition	ona contributing to death I	but not resu	ulting in the ur	nderlying cause o	jiven in Pert I.	23b. Did	tobacco use co	ntribute t	o the cause of death?
0	es that the de igned by the a be dateched t	Phy	Company	14	. 1			1	1 🗆	Yes 2 No	3 Pro	bably 4 Unknown
	the de	þ	Coronary arter	y disease,	chron	re con	gestive	neart				
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<u>a</u>	ysician: The s certificate director, par	Be (25. Wes case reterred to medica					26. Piace of De	eth (Check only	one)		
of <	D is X	To	examinar? 1 ☐ Yas 2 No	Hospitel:	iant 2	ER/Outpatien	t 3 DOA	ther: 4 Nursing h	loma 5 ☐ Ras	idance 6 Oth	er (Speci	fy)
	Attending Ph r deeth. bctor: After th by the funeral		27. Menner of Death 1 Netural 5 Pendin 2 Accident Investig	28e. Dete of triji (Month, De	ury	28b. Time of Injury	28c. Inj W	ury et ork? □ Yas 2 □ No	28d. Describe	how Injury occur	red	
5	offer deserved	Certification:	3 ☐ Suicide 6 ☐ Could determ	ined 286. Place of In	jury - At ho to. (Specify	ome, ferm, stro	eet, fectory, office	3		(Street and Numb own, Steta)	er or Run	al Route Number,
	To the Hospital or Attending Future At hours eiter deeth. To the Funeral Director: After completely filled in by the funeral	edical C	29a. Certifier Certifyin (Check only one) Certifyin	g Physician: To the best Examtner: On the basis of a end mennar si	of examinet	wiedge, death tion end/or inv	occurred et the restigetion, in my	time, dete end place opinion, death occu	e, end due to the arred et the time,	ceusa(s) end ma , dete and pleca,	anner as s	stated. to the cause(s)
	To the Forther compl	Me	29b. Signature end title of certifie			1	29c. Lice	nse number		29d. Deta signe	d (Month,	Dey, Year)
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	Sta	10	Dr. R. Barrera 31. Deta filed (Month, Dey, YPP)	I AK GAR	a 's Sibna	Me	P. I II	Lug., Culli	er raild,	FID 21.	104	

Registrar



State of Maryland / Department of Health and Mental Hygiene

						Certificat	e of	Death		F	Reg. No.	, ,	ine I	, 0 1
Г			1. Decedent's Neme (First, Middle, Las)						2. Dete of Dee	eth	V	3. Time	of Deeth
	Physic		MARY WINIFRE	D SLEEMAN						Month JULY	Dey	1996	07:2	4 A.M
	/Medi Exami		4e. Fecility Neme (If not institution, give	street end number)				4b. City, To	own, or Lo	cation of Deeth	4c. County	y of Deeth		
7			SACRED HEART HO	SPITAL				CUMI	BERLA	AND	AI.	LEGANY	7	
_	Funeral		5. Sociel Security Number 6. Se		. lest birtho	day) If Unde		If Under	24 Hrs.	8. Dete of Birth	1	9. Birthple	ece (Stete	e or Foreign
	Director		214-01-0345 Usual Residence of Decedent]M 2⊠F	97 Yr	Months.	Deys	Hours	Min.	(Month, Dey DECEMBE	ER 18,	L898		LAND
	show		10e. Stete 10b. County	10c. C	ity, Town	or Location						10	d. Inside	City Limits
	the Man 28s-f sh	Director	MARYLAND ALLEGA	'NY		ECKHAI		INES						s 2 No
	ath with 23s or	rai Dir	10032 PARKERSBL			101. 21	Code 2	1528			10g. Citizen of	S.A.	ny 7	
0200-61212	within 72 hours efter death with the Maryland ene. than "natural", or items 23s or 28s-f show he Modical Examiner must be incitited at	by Funeral	11. Meritel Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Wes Decedent Ever in I Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give	J,S.	13. Was Dece If Yes, spe 1 ☐ Yes	cify Cub	en, Mexicai	n, Puerto	ecify Yes or No- Rican, etc.)		ca - America ock, White, et fy:		
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2	d 2 should be filed within 72 ho th end Mentel Hygiene. 7 is marked other than "natur traumatic event, the Medical	Completed	15. Decedent's Edu (Specify only highest grad	ication le co <i>mpleted)</i>	/(ecedent's Usu Give kind of wo ife. DO NOT u	rk done	during mos	t of worki	ing	16b. Kind ot B	usiness/Indu	ustry	
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Ž	should be ind Mentel I	2	J. CHARLE		ГER				NELI	LIE	CON	NOR		
0	2 sho end Is m		19e. Intorment's Neme/Relationship (T)	rpe, Print)	19b. N	Neiling Address	S (Stree	t end Numb	er or Rura	al Route Numbe	r, City or Town	, Stete, Zip C	Code)	
	9 2 5		DR. H. KENNETH SI					E ROA	D ROO	CKVILLE,	MARYLA	ND 208	351	
5	of He		20e. Method of Disposition 1 □ Buriei 2 □ Cremetion 3 □ F		Plece of D cemetery,	isposition (Na cremetory or o	me of other ple	ice)		Dete	20c. Location	- City or Tow	n, Stete	
alumore,	Peges nent of H int: If Ite		4 □ Donetion 5 □ Other (Specify)		CKHAR	T CEME	CERY	JUL	y 9.	1996	ECKHAR	T. MAF	RYLAN	ID
	- 555 E		21. Signeture of Funerei Seprica License			22. Name ei			ty					
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	_		23e Part Enter the disease, or compl	lightings that assessed the day	th Dane					ROSTBURG				-1-
Ŋ,	Physician		k, or heert feilure. List only o	ne ceuse on each line.	nin. Do noi	t enter the mod	ae or dy	ing, such es	Cardiec C	or respiretory en	est,		Approximo intervel Bo Onset end	etween
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;	the de by the darkached	ysi	Pert II. Other significant conditions con	ntributing to death but not re-	suiting in th	ne underlying o	ause gi	ven in Pert I	l.	23b. Did to	obacco uee co	ontributa to 1	the cause	of death?
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ń	requires that the death	by										T		
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	The law ate hes b page 2 s	on								1 🗆 Y	es 2 TNo	10	Yes 2[□No
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	er death ector: A by the fi	fica	3 ☐ Suicide 8 ☐ Could not be	28e. Pleca of Injury - At I	ome ferm	street tector				28t. Location (S	treet end Numi	her or Rural	Route Nu	mher
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	Ilas		ANGEL ROQUE			ERRACE	FD	OSTRII	RG 1	MARYLANI	21532			
	Sta	te	31. Dete tiled (Month, Dey, Year)	32. Régistrer's Sign						4 4/1/14/1				
			THE A O W	The Chair Mars	MININO	1.4d - 11								

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State of Maryland / Department of Health and Mental Hygiene

21658

					Cert	ificate of	Death			Reg. No.		
Physic /Medi		1. Decedent'e Name (First, Middi	e, Last) ALBERT	SNOC	OTS				2. Dete of De Month JULY	Day	Yeer 5	3. Tima of Deeth
Examir		4a. Facility Neme (If not Institutio							ocation of Deet			
_		-	EART HOSE		246-6-4	If Undar 1 Yee		1 B E R I	AND		EGAN	
Funeral Director		5. Social Security Number 218-10-7351 Usuel Residence of Dacedant	6. Sex 7. 1 M M 2□ F	Age (In yrs. lest to 75	Yrs.	Months Deys		Min.	8. Date of Bir (Month, De July 8	, 1920	9. Birthi Coul Mar	plece (Stata or Forai) htry) yland
ath with the Maryland 23s or 28s-f show	tor	10a. Stata 10b. County W V M I	NERAL	10c. City, To	ASH E						1	10d. Insida City Limit
h the	lrec	10e. Street and Number				10f. Zip Code				10g. Citizen of	Whet Cou	ntry?
th will	alD	ROUTE 28				2671	9			U.S.	Α.	
or Items	by Funeral Director	11. Maritel Stetus 1 □ Nevar Married 2 ☑ Man 3 □ Widowed 4 □ Divorced	12. Was Deced Armed Forci ied 1 1 Yes 2 If Yas, Giva Yeer or Det	as?		as Dacedent of Yes, specify Cul			ecify Yas or No Rican, etc.)	14. Rai Ble Specif	ck, White,	can Indian, etc.
72 hours natural', rolical Exa	te d	15. Decedan	t's Education		a. Deceda	nt's Usuei Occu	pation			16b. Kind of B	usinass/in	dustry
within liena. than	Completed by	(Specify only higha Elementery/Secondary (0-12)	Collega (1-4		(Give ki	nd of work done NOT usa retin	during mos ed)	st of work	ing	RAIL		
s 1 and 2 should be filed if Health and Mental Hygis fem 27 is marked other other treumatic event, iii	To Be C	17. Fathar's Nama <i>(First, Middla,</i> WILLIE WILLI		5					A GRAN	Meldan Sumar DELL	na)	
2 sho and I is ma		19a. Informant's Name/Reletions	hlp (Type, Print)	19	b. Meiling	Addrass (Stree	t end Numb	er or Run	A Route Numb	er, City or Town	, Stata, Zip	Code)
1 and 3 Health em 27 i		ELEANOR SNOO	TS			O.BOX	573 -	FT	. ASHB	Y,WV	2671	9
Page nent o int: If i		20a. Mathod of Disposition 1			ery, crama	tion (Nema of Itory or other pla EMORIA		K 7	19/96	20c. Location		ND, MD
permit. Pag Department Important: I any injury o		21. Signeture of Funerel Sarvica	Licansee	~)	G E	Name and Addr EORGE - D2 GRE	JPCHU JPCHU	RCH	FUNER	AL HOM	E, P	.A. 502
Medicale pe executed Example of the project of the	/Medical Examiner	Immediate Ceusa (Final disaasa or condition resulting in deeth) Sequentially list conditions, if any, laading to immediate cause. Enter Undarlying Cause (Disaasa or injury that initiated evants rasulting in death) Lest	a. ENd.	Dua to (or as a	a conseque	ance of):	ic C	-un	g CA	ncer		3 mos
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265		30. Nama and addrass of person WAGONER, GARY,		of death (Itam 23a)			BERLA	ND. 1	MD. 21	502		,
Sta		31. Dete filed (Month, Day, Yeer)	32. Reg	istrar's Signetura				,				
Registr	ar	JUL 0 819	DO HAMP	Walson Rose	المثال							

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. Amended #1, 7/9/96, DhS, Allegony County State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Deta of Death 3. Time of Death Month **Physician** SchoENAdel 9:20 Am +EPHAN /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** SACRED HEART HOSPITAL **CUMBERLAND** ALLEGANY | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Min. | May 19, | Birthplaca (Stata or Foreign Country)
 MD 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Funeral Year) X M 2 F Yrs. 1949 214-46-3218 47 Director Usual Residence of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mentel Hygiene. In Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Exercited Inset be continued and 10e. Stete 10b. County 10c. City, Town or Location 10d Inside City Limits Director MD LaVale V Yas 2 No Allegany 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 25 Martz Lane USA 21502 Funeral 12. Was Decedent Ever In U.S. Armed Forcas? 1M Yes 2 □ No If Yas, Giva Yaar or Detes: VietNam 13. Wes Decedent of Hispenic Origin? (Specify Yas or No-lf Yes, specify Cuben, Maxican, Puarto Rican, etc.) 11. Maritel Stetus 14. Race - American Indien, Biack, Whita, atc. 1 ☐ Never Married 2 Married altimore, Maryland 21215-0020 1 Yas 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced white Completed 16a. Decedent's Usual Occupetion (Giva kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) D & S Distributors Owner/operator 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be William Schoenadel Ethel (Jewell) 9 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Deborah Schoenadel--wife 21502 25 Martz Lane; LaVale, MD 20a. Method of Disposition

1 Burial 2 Cremetion 3 Ramoval from State 20b. Pleca of Disposition (Name of cematary, crematory or other place) 20c. Location - City or Town, State SS Peter Paul Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 07/10 Cumberland, MD 22. Name and Address of Fecility
Scarpelli Funeral Home 21. Signeture of Funeral Service Licansee anos Cumberland, MD 21502 23e. Pent/ Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximete Intervel Betw Onsat and Death **Physician** Immedieta Causa (Final diseese or condition resulting in deeth) /Medical e. END Stage InterstitiAL LUNG DISEASE
DUE to (or es e consequenca of): Examiner Physician/Medical Examiner that the death certificete be axecuted attending physician and for use as the burief-transit Sequantially list conditions, if any, leeding to immadiata cause. Enter Underlying Cause (Disease or Injury that Initiated avents Due to (or es a consequence of) PulmonARY Division of Vital Records, P.O. Box 68760, Dua to (or as a consequence of resulting In deeth) Lest signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown by 24b. Were eutopsy findings available prior to complation of cause of death? 24a. Was an eutopsy performed? page 2 s 2 No certificate 1 ☐ Yes 2 ☐ No or Attending Physicien: director, 25. Was case referred to medical axeminer? Be 26. Plece of Death (Check only one) Hospitel: Other: 4 Nursing Homa 5 Assidance 8 Other (Specify) 0 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA After this funeral 28a. Dete of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? Certification: 1 Natural 5 Panding Investigation after death. Director: After 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28a. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide 24 hours a Funeral E Hospital 29a. Certifier 1 🗹 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pleca, and due to the cause(s) and menner as steted. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end menner stated. To the Vithin 2
To the Complete 29b. Signeture and title of certified 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) Johns Hopkins Hospital N. Wolfe Street Dept of PAthology 32. Registrer's Signeture State Registrar

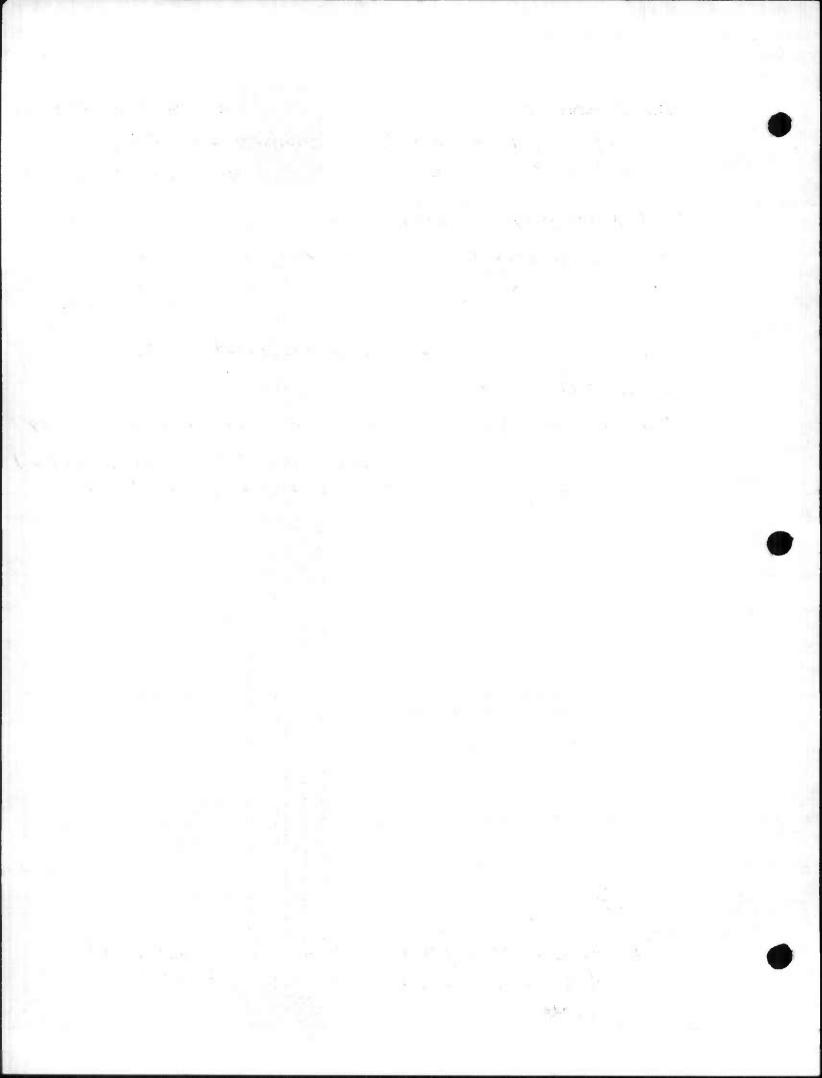
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State of Maryland / Department of Health and Mental Hygiene

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96 21662 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN 6, DAY 1996 YEAR July PM 1414 Mabel Agnes Tregoning 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) April 18, IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 F 87 1909 Maryland 213-50-2278 9a. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATN 9b. CITY, TOWN OR LOCATION OF DEATN Shady Grove Adventist Hospital Rockville Montgomery DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a, STATE 10b. COUNTY 10d. INSIDE CITY Maryland Montgomery Germantown t YES 2X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 23701 Ridge Road 20876 American 12, WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES ti. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—if yee, specify Cuberi, Maxicen, Puerto Rican, atc.)
t □ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black. White, atc. t Never Married 2 🔀 Merried Specify: White 84 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify College (1-4 or 5+) 10 Homemaker Own home. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Garrett Webster Watkins BE <u>Vertie A. Mullinix</u> 19a INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 John M. Tregoning - Husband 23701 Ridge Road, Germantown, Maryland 20876 20s. METNOD OF DISPOSITION

1 🔀 Buriel 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Salem Cemetery 7/9 Germantown, Maryland 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Elin Olin L. Molesworth, P.A., Funeral Home 0 26401 Ridge Road, Damascus, Maryland 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory streat, shock, or haart failura. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition CARDIAL ARREST resulting in death) minute DUE TO (OR AS A CONSEQUENCE OF): RESPIRATORY FAILURE 5 Minutes PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING SEPSIS 10 DAYS CAUSE (Disessa or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 DAYS BowsL PERFORATED PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\overline{\pi} \) UNCERTAIN \(\square\) 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26e. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 261, LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide

29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the ceuse(s) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, desth occured at the time, date end place, end due to the cause(e) end manner ee stated. 29h. SIGNATURE AND TITLE OF CEMPTURE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) H41818 7-8-96

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AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print) Sterling

9815 mgi 32. REGISTRAR SEGNATURE ROLL MO. 20872

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Physician JULY 5 1996 ANTONINA V. WRIGHT TURNER .15PM /Medical 4a. Fecility Name (if not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 116 SILOPANNA ROAD ANNAPOLIS ANNE ARUNDEL If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 200 Yrs. Director 213-22-1449 68 MARYLAND Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Heelth and Mentel Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other treumstic event, tha Medical Examiner must be notified at 800s. 10a. State 10b. Count 10c. City, Town or Location 10d. Inside City Limits MARYLAND ANNE ARUNDEL ANNAPOLIS 1 XYes 2 No Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 116 SILOPANNA ROAD 21403 US 12. Wes Decedent Ever in U,S Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Never Merried 2 🖾 Married 1 ☐ Yes 2 ☐XNo If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 【No Specity: Specify: BLACK by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry CROWNSVILLE STATE Elementery/Secondary (0-12) College (1-4or 5+) 12th lyr. NURSE HOSPITAL 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) 2 FIDEL CORNEL LOTTIE HASTE 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State 210 Code), 48207 19e. Informant's Name/Reletionship (Type, Print) ANGELIQUE KNOX (GRANDAUGHTER) 6533 E. JEFFERSON AVE. LOFT 108J detriot, Michigan 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Buriai 2 ☐ Cremation 3 ☐ Removal from Stete ANNAPOLIS MEM. GARDENS 7/11/96 ANNAPOLIS, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licenses 22. Neme end Address of Fecility WM. REESE & SONS MORTUARY, P.A. 23a. Pert1. Enter the disease, or comblications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximete intervel Between Onset and Deeth **Physician** /Medical consinous to Cung Immediate Cause (Final diseese or condition resulting in deeth) Examiner Due to (or as e consequence of) ed by the attending physician and detached for use es the burief-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence ot): P.O. Box 68760. Physician/Medical Due to (or es a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by to 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. à cate has been signated by page 2 should b 24b. Were autopsy findings available prior to Completed 24e. Wes en autopsy completion of cause of death? s certificate has director, page 2 1 Yes 2 3 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Pleca of Death (Check only one) examiner? Other: 4 ☐ Nursing Home 5 ☑ Residence 6 ☐ Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Dete of injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: Attanding After 1 Naturel 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No To the Hospital or Atlandi within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 2 Accident 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 1 Cortifying Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) end manner as steled.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29e. Certifier Medical 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Tr MD James 25893 NCI-NAVAY MEMON CNCTLOGY PAG NEC-, NNMC BLOGS BOTHESON AIR 30. Name end address of parson who completed cause of deeth (Item 23e) (Type, Print) J. MICHAGE MD 31. Date filed (Month, Dey, Year) 32. Registrer's Signature State ulia Savidson Registrar

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 96-3730-033

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State of Maryland / Department of Health and Mental Hygiene	2

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Physic this c	ō	ို	1 XYes 2 □ No	Hospitel: 1 ☐ Inpat		R/Outpetien	t 3D DOA	Other: 4□ Nur	rsing Hom	e 5 Resid	denca 8 □Oth	ner (Specif)	1)	
	neus	50	27. Menner of Deeth 1 ⊠Naturel 5 □ Pending	28a. Date of In (Month, D	jury lay Year)	28b. Time of Injury	28c. In	ork?	28	d. Describe I	now injury occur	red		
VISION Attending r deeth.	the	Cat	2 Accidant investigation				M 1	Yes 2 N	40					
- x = =	in by	Certification:	3 Sulcide 6 Could not I determined	288. Piece of it	njury - At hor etc. (Specify)	ne, farm, stre	et, factory, offic	a	28	of. Location (S City or Tov	Street and Numi vn, Steta)	ber or Rura	l Route Number,	
oltai urs e	Pe													
To the Hospital of within 24 hours error the Funerel D	completely filled in	edic	(Check only 2 Medical Exa	nyalcian: To the besi miner: On the basis end menner s	of axamination	rledge, deeth on end/or Inv	occurred et the astigation, in my	time, dete end opinion, daath	pleca, en h occurred	d due to the	data and place,	enner es st and due to	eted. the cause(s)	
To T	000	Σ	29b. Signatura and title of cartifiar	0, 11		10	29c. Lica	nsa number			29d. Data signe	d (Month, I	Day, Year)	
r.			Nonald.	Sh Wing.	hr ri	IN	O.C	.M.E.			JULY 6	,199	6	
			30. Neme end eddress of person who			23a) (Type, I		1100			L ₁ Inii			
			DONALD G WRIT			111	Penn S	treet	, Ba	ltimo	re, Ma	ryla	nd 21201	
	Stat	е	31. Dete filed (Month, Day, Year)	1006 32. Regist	ter's Signatu	Jre.	,							
Re	egistra	r	3020	1330	ma au	Market M	ardall							

E 200 7 High of Minn methods are reserved.

A support of professional are staged.

					State of M	/larylan			of Health of Death	and Mental F	lygier Reg. I		96	21665
	Physic	ian	1. Decedent'a Na	me (First, Middle, La	MABEL	ARL	ENE TO	OTTEN		2. Date of Month	1		Year	3. Time of Death
	/Medi Exami		4e. Fecllity Neme	(If not institution, give	street and numbe	r)			4b. City, To	own, or Location of Do		199 4c. County o		0420
				ST GEORG	The second secon					TMINSTER			ROLI	
	Funeral Director		5. Societ Security 214-16 Usual Residence	-1895 ¹	ex 7. A □M 2 1 F		lest birthday) 75 Yrs.	If Under 1 Months I	Yeer If Under Deys Hours	Min. (Month,	Birth Day, Yes 9 / 1 9	921	9. Birthpl Count PA •	ece (State or Foreign try)
	yland		10e. Stete	10b. County		10c. Cit	y, Town or Lo	cation					10	Od. Inside City Limits
	ter death with the Marylar Itema 23e or 28e-f show	ctor	MD.	CARROLL		W]	ESTMI	ISTER						1 ☐ Yes 2 No
	igh th or 28	Director	10e. Street and N	lumber				10f. Zip C				Citizen of WI	hat Coun	try?
	a 23e	erai		T GEORGE			0 10		1157		_	JSA.		
)20	@ 5 E	by Funeral		rried 2 Married 4 Divorced	12. Wes Deceder Armed Forces 1 Yes 25 If Yes, Give Year or Dates	?] No	1		t of Hispanic Or Cuban, Mexica Language Control Language	igin? (Specify Yes or n, Puerto Rican, etc.) :	No-	14. Rece Black Specify:	- Amenca , White, e	etc.
215-0020	72 hours "natural",	pete	(90	15. Decedent's Ed	ucation	•	16a. Deced	lant's Usual (occupetion	et of working	16b	Kind of Bus	itness/Ind	lustry
2	77 70 10	Completed	Elemantary/Se	7	Collaga (1-40	r 5+)	life. L	DIE'	retired)	at Of WORKING		HEAL'	TH	
Maryland	d 2 should be filed th and Mental Hyg 7 Is marked othe traumatic event,	To Be	17. Fether's Nem	e (First, Middle, Last) H	ARVEY	MYI	ERS			er's Name <i>(First, Mid</i> DA	dle, Maid GEES)	
Man	12 sho h and i			Name/Relationship (1	Type, Print)			-		per or Rural Routa Nu				
-	Haall Haall		DENNIS 20a. Method of Di	TOTTEN		20b. P	Place of Dispo			RD., RE.		Location - C	-	MD.21136
altimore,	8 ° = 5		1 XBurlal	2 Cremetion 3 D	Removel from Stet				r plece) I CEM.	7/8/96				ER, MD.
Balti	permit. Pa Departmen Important: any injery pnce.			Funding Section Moen			22	. Name end	Address of Fecili		ER F	UNER	AL H	IOME
			23a, Part1, Enter shock, or he	the disease, or comp san taildre. List only	olicetions thet cause one cause on each	ed the deatl line.						, LDIC,		Approximate the third in the trial Between Onset and Death
-	Physician /Medical Examiner		Immediate Cause disease or condit rasulting in daath	ton	. Vor	Tric	ماله	2	1201	latro	1			lestany
		Je		,	Ar	Due to (o	Deelion a ea i	uence of):	Con	lial a	leel	action	34	Onepay
Ć,	ata be axecuted hysician and the burial-transit	Examiner	Sequentially list of any, leading to causa. Enter Unc Cause (Disease of that initieted even	condittons, immediata	b. / 3 C	Due to (o	r as a conseq	uence d						7,0 11
68760,	requires that the death certificate be axecuted en signed by the attanding physician and hould be datached for use as the burial-transit	edical	Cause (Disaase of that initieted ever resulting in death	or Injury ots) Last	C	Due to (or	r as a conseq	uence of):						
Box	leath certifical attanding phy ifor usa as th	Physician/M			d									
P.O.	that the dead by the a	nysic	Part II. Other sign	ificant conditions co	ontributing to death	but not resi	ulting in the ur	derlying cau	se given in Pert			/		the cause of death?
	as that the	by	&	exstance	Hell	2es	lan	(QV)	1	☐ Yes	2000	3 Prob	ebly 4 ☐ Unknows
Records,	v require been si should	Completed	C	ngert	The He	2 así	Ja	' les	Le.		as an au erformed		ava	re autopsy findings ilable prior to npletion of cause leath?
	Tha law ata has b paga 2 s	Comp		Q			0			1	☐ Yes	20No		Yes 2 No
of Vital	Physician: The this certificata ral director, pag	Be	25. Was case rafe examiner?		Hospital:					e of Death (Check on	ly ona)			
ō	Phys rai di	: To	1 Yes 2	Servo	1 ☐ Inpai		ER/Outpatien 28b. Time of		-	ursing Home 5 3-8)
Division	Attanding Phir death.	cation	1 Natural 2 Accident	5 Pending Investigation 6 Coutd not be	(Month, D	ay Year)	Injury	М		Injury at Work? 28d. Dascribe how tnjury of 1 Yes 2 No				
Divi	al or Attand s after death il Director: /	4 Homicide datermined datermined datermined building, atc. (Specify)									r or Rurai	Route Number,		
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edicai	29a. Certifier (Check only one)	1 ☐ Certifying Phy 2 ☐ Medical Exam	raician: To the bes iner: On the basts and manner s	of examinat	wledge, death tion end/or inv	occurred at estigation, in	he time, date er my opinion, dee	nd place, and due to the tin	he cause ne, date a	(s) and man and place, ar	nar as st	ated. the cause(s)
	To the within 2 To the comple	W	29b. Signature an	d title of certifier	en no	00	0	29c. L	icense number	000	29d. l	Date signed	(Month, L	Day, Year)
			30 Name and add	dress of person who	ompleted source of	Aut (Harr	23a) /Tumo	710	, 9			1	01	

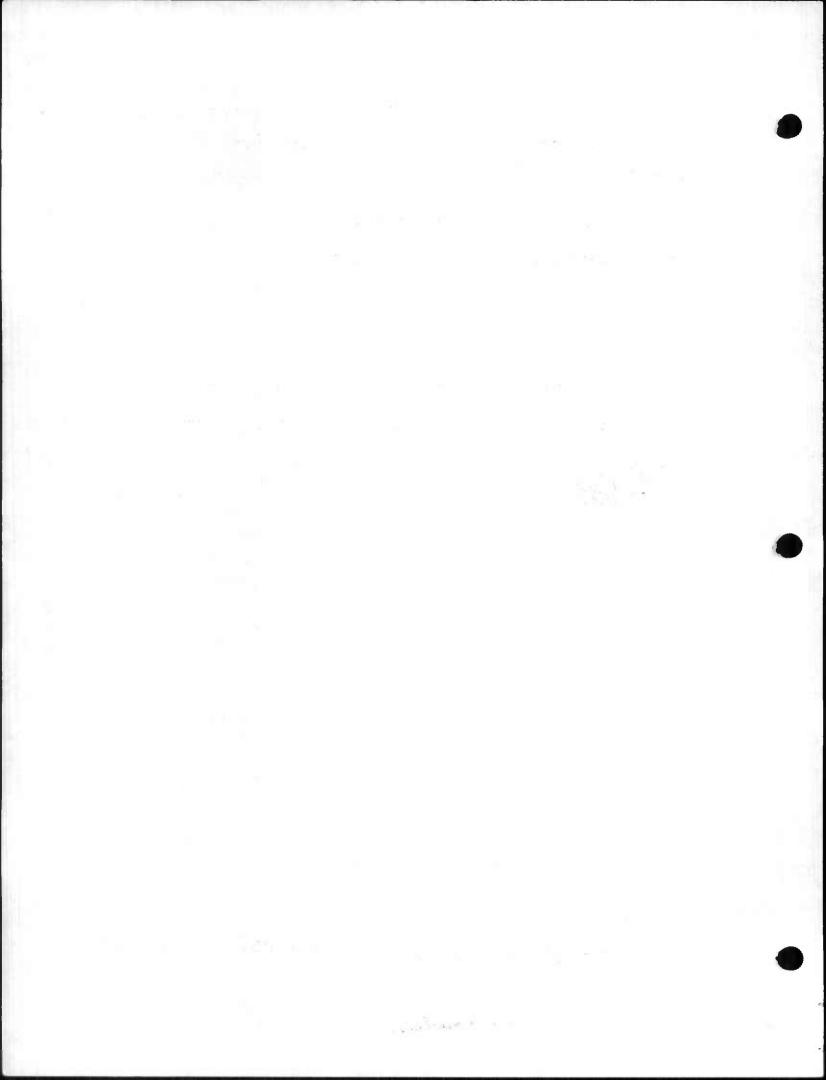
31. Dete fited (Month, Day, Yeer)

JUL 9

JUL 9 1996

32. Registrer's Stgneture

jaka dhudaan Rashall



State of Maryland / Department of Health and Mental Hygiene 96 21666

						Ce	rtificate of	Death		Reg.	No.			
	Physic /Medi		1. Decedent's Name (First, Midd Robert Ellswo		R				2. Dete of Month Jul		Dey 1996	Year	3. Time of Deeth 5:45 pm	
	Exami		4e. Facility Nema (If not institution 326½ E. Frank						o, or Location of C			of Deeth hington		
	Funeral Director		5. Social Sacurity Number 214-36-1331 Usuel Rasidence of Decedent	6. Sax 1 ∑ M 2 ☐ F	7. Age (in yrs. 57	lest birthday, Yrs.	If Undar 1 Yaa Months Days	r If Under 24	Hrs. 8. Data o	Birth Dey, Ye		9. Birthp	placa (Stete or Foreign http: yland	
	Manyland a-f show	tor	10a. State 10b. County	ington	10c. Ci	ty, Town or L	ocation igerstown	1				1	0d. tnside City Limits	
	or 28	Director	10e. Sireet end Number				10f, Zlp Coda			10g.	10g. Citizan of Whet Country?			
	aeth w	eral	326½ E. Frankl		edant Evar in U	10 40		740	0.40	- 11-	USA	USA 14. Race - Amarican Indien,		
21215-0020	d within 72 hours after death with the Maryland plane, "return", or flems 23a or 28a-f show the Madical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 X Never Merried 2 Mar 3 Widowed 4 Divorced	ried 1 ☐ Yas	orces? 2 (200No ve	7,5.	Was Decedant of if Yes, specify Cult 1 ☐ Yes 2 ☑ No	ben, Mexicen, F	en, Mexicen, Puerto Rican, atc.)			ck, White,		
5-0	n 72 hours "natural",	eted		nt's Education est grada completed)		16a. Dece	dent's Usuel Occu kind of work done DO NOT usa retin	pation a during most o	f working	16t	. Kind of B	usiness/în	dustry	
121	within ane.	Completed	Elementery/Secondery (0-12)	Coilege (1-4or 5+)					1	Foo	J	ehouse	
102	哥長春年	Be Co	17. Fethar's Nama (First, Middle,		U	Wale	house ma		Name (First, Mic	ddie, Mei			enouse	
/lan	Mental arked o	To B	Harold Elwood	Taylor				Marga	aret Edn	a Me	tz			
, Maryland	and 2		19e. Informant's Name/Reletions Vickie Noll	ship (Type, Pnint)		841	ing Address <i>(Stree</i> Summit A							
Baltimore,			20e. Method of Disposition 1 Buriei 2 Cremetion 4 Donation 5 Other (S		Stete	cemetary, cre	osition (Neme of matory or other pla wn Crema	,	7-10-96		agers		own, Stete Maryland	
Balti	permit. Page Department of Important: If any Injury or once.		21. Signeture of Funerel Service	Licensee M	E MILL	// M	2. Nama and Addr	UNERAL					7/0	
			23e. Pert1. Entar the diseese, or shock, or heert feilure. List	r complications thet of	ceused the deat	th. Do not en	15 E. Witter that mode of dy	ring, such as ce	rdiac or respireto	ry errest,	own, Mo	1. 21	Approximete intervel Between	
	Physician /Medical Examiner	ler	Immediate Cause (Final disease or condition rasulting in deeth)	θ	Abde	2Min	al !	lymy	phon	n a			Onsat and Deeth	
68760,	ertificate be axecuted ling physician and a as the burial-transit	Medical Examiner	Sequentially list conditions, if ony, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated evants resulting in death) Last	b		or as e conse								
Box 6	daath certific a attending p ed for usa as			d						<u> </u>				
P.O.	that the ded by the	by Physician	Pert ii. Other significant condition	ons contributing to de	eath but not res	ulting in the u	inderlying ceuse g	iven in Pert t.		Did tobe	2 40	ntribute to 3 ☐ Proi	the cause of death? bably 4 Unknown	
Vital Records,	aw requir	Completed b								Ves en a performed		ev	ere autopsy findings eileble prior to mpletion of ceuse death?	
E B	The ata	Con								☐ Yas	200 No	10	Yes 2□ No	
Vita	Physician: The this cartificata ral director, pag	Be	25. Wes cesa referred to medica axaminer?						Deeth (Check o	nly one)				
of	Phys this ral di	5.	1 Yes 2 No 27. Menner of Deeth			ER/Outpatie	III SLI DOA	ther: 4 Nursi			e 6 Oth		y)	
on	ding th. After fune	tou	1 Neturai 5 Pendir 2 Accident Investi		of injury th, Dey Year)	Injury	W	ork? ∃Yes 2 ⊟No		IDO HOW	injury occur	red		
Division	al or Attending after death. I Director: After In by the fune	Certification:	3 Suicide 6 Could 4 Homicide determ	not be	of injury - At he	ome, ferm, st	reet, factory, office						il Route Number,	
	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune	edical	29e. Certifier (Check only one) 1 Certifyin 2 Medical	ng Physician: To the Examiner: On the be end men	best of my kno asis of examina ner steted.	owledge, deat ition end/or in	h occurred et the t vestigetion, In my	ime, dete end p oplnion, deeth	plece, end due to occurred et the ti	the caus me, dete	e(s) end me and piece,	enner es s and due to	tated. the cause(s)	
	To the To the Compla	×	29b. Signeture end title of certifie	Ha	da	~, M		se number	7.3	29d.	Dete signe	d (Month,	Doy, Year)	
		•	30. Name and address of person 1. Data filed (Month, Day, Year)	lan, m	e of deeth (item	36	Print)	level	Abrus.	se;	H	n De	nwoter 04716	
	Sta Registi		JUL 1 0	/1	dude	rlade	4							
		-	115											

THE PERSON NO. 1

N C F

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Tima of Death 1. Decedant's Nama (First, Middle, Last) 2. Dete of Deeth 29 /996 4c. County of Death Matthew Joseph Tucker JUNE 4a. Fecility Nema (If not Institution, give street and number) 4b. City. Town, or Location of Death Union Hospital Cecil 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) 1X M 2□ F Yrs. June 29,1996 Elkton, MD none Usual Rasidence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. fnside City Limits 1 ☐ Yes 2 ☐ No Cecil Elkton 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 28 N. Navaho Trail 21921 USA 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) Race - American Indian, Black, White, etc. ₩Nevar Merried 2 Merried 1 ☐ Yes 2 XNo 1 ☐ Yas 2 ☒ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced white 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamentery/Secondery (0-12) Collaga (1-4or 5+) never worked never worked 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) John B. Tucker, Jr. Reta Torrance 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 28 N. Navaho Trail Elkton, MD 21921 John B. Tucker, Jr. (father) 20a. Mathod of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 ☑ Buriai 2 ☐ Crametion 3 ☐ Removel from Stata 4 □ Donation 5 □ Other (Secify) Saints Cemetery 7/3/96 Wilm., DE 22. Neme end Addrass of Facility McCrery Funeral Homes, Inc. 3924 Concord Pike Wilm. 19803 Part 1. Enter the disease, or complications thet caused the deeth. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete intarval Between Onset and Deeth Immediate Causa (Final · PRENATURITY - 19 WE disaasa or condition resulting in deeth) Dua to (or as a consequanca of): Dua to (or as e consequance of): 1. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No 25. Was casa rafarred to medical 26. Placa of Death (Check only one)

Physician /Medical Examiner

signed by the ettending physician d be deteched for use as the burie

After this certificate

24 hours efter death.

To the I within 2 To the I

0

Division of Vital

Hospital or Attending Physician:

Physician/Medical

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Completed

Be

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Certification:

Physician

/Medical

Examiner

Director

Funeral

ğ

Completed

Be

Funeral

Director

the Meryland

permit. Peges 1 and 2 should be filed within 72 hours after death with the Merylen Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examines must be notified as

Baltimore, Maryland 21215-0020

Sequentially list conditions, if eny, leading to immadiata causa. Entar Undarlying Cause (Diseese or injury that initiated evants resulting in daeth) Lest

							_
art II.	Other significant	t conditions contributir	ng to death but n	ot rasulting in the	a underlying caus	e given in Pa	rţ

axaminar? 1 Yas 2 No 27. Mannar of Death 1 Natural 2 Accident 5 Pending

Hospital: 1 Inpatient 2 ER/Outpatieni 3 DOA 28c. Injury at Work? 28b. Tima of 1 ☐ Yas 2 ☐ No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Dascribe how injury occurred

6 Could not be datamined Placa of Injury - At homa, farm, straat, factory, office building, etc. (Specify)

Julia Davidson

26f. Location (Street and Number or Rural Route Number, City or Town, State)

29a, Certifian (Check only one)

3 Sulcide

4 Homicida

Certifying Physician: To the bast of my knowledge, deeth occurred et the tima, data and place, and due to the causa(s) and menner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the causa(s) and menner steted.

29b. Signeture end title of certifier Liver Dediction . Pediatrician

JUL 0 5 1996

invastigation

29c. Licensa number D- 21038 29d. Dete signed (Month, Day, Year)

30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

719 Dridge St EIKTON, Md 21921 LEONARDO 31. Data filed (Month, Day, Year) 32. Registrar's Signatura

State Registrar

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Tours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	1. DECEDENT'S NAME (First,		(GEORG	E _SOL	OMON			DEA		2. DATE OF DEAT MONTH July 6,		YEAR	. TIME OF DEATN	
	4. SOCIAL SECURITY NUMB 220-34-7606		5. SEX	6. AGE (In yrs. 84	last birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH	1912	S. BIRTNPL Country)	ACE (State or Foreign	
	9a. FACILITY NAME (If not in				-	9h CITY	TOWN	OR LOCATI	ON OF DE			9c, COUNTY OF DEATN		
OR	Edw. W. Mc	Cready		l Hospi	tal			fiel		Ain		omerse		
딦	RESIDENCE OF DEC	10b. COUN	TY		10c. CI	TY, TOWN	OR LOCA	TION				Tu	Dd. INSIDE CITY	
DIRECTOR	Maryland	Son	nerset				ion	Stat				1 YES 2X		
FUNERAL	100. STREET AND NUMBER 6270 Cha	rles	Cannon Ro	oad	101. ZIP CODE 21838						100	TIZEN OF WHA	AT COUNTRY?	
BY FUNI	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	MIO If y			DECENDENT OF NISPANIC ORIGIN is, specify Cuban, Maxican, Puerto YES 2 XNO Specify: (W)	14. RACE — Black, V Specify:	-American Indian, White, atc. White	
ETED		EDENT'S ED	UCATION le completed)	16a.	DECEDENT					16b. KIND OF	BUSINESS/IN	DUSTRY		
PLET	Elementary/Secondary (0 Grade 7	+)	(Give kind of work done during most of working life. Do NOT use retired.) Farmer						ming					
COMPL	17. FATHER'S NAME (First, M.		18. MOTNER'S NAME (First											
BE C	Richard				18	1.0		Croswel	,	1110				
10	Marion L. Tu		vife)							Road - M			on, MD 21838	
	20a. METHOD OF DISPOSITE 1 M Burlal 2 Crematio 4 Donation 5 Other	ION In 3 🗆 Rai		20b. PLA	CE AND DATE	OF DISPO	SITION /N	ame of		DATE 20c	LOCATION -	- City or Town	. State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert H. Bradshaw 22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or reapiratory street,													
CERTIFICATION	shock, or heart failure. List only one cause on asch line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										Onset and Death			
MEDICAL	PART II. Other significe	death but no	not resulting in the underlying cause given in Part I.					PEI	I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 7 NO		ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO			
AN	25. WAS CASE REFERRED TO	O MEDICAL	T				26 P	ACE OF I	SEATN (C)	eck anly one)				
S	EXAMINER?		HOSPITAL:	EB/Outputton	2 🗆 504	OTHE	R:							
PHYSICIAN:	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, E	INJURY	26b. Til		28c. IN.	JURY AT DRK? YES 2 [8 Other (Specify) 28d. DESCRIBE N		CCURED		
ED BY	3 Suicide	Could not be datermined	28e, PLACE C	of INJURY — At	home, farm,	street, fac				281. LOCATION (SI City or Town, S	reet and Numberstate)	er or Rural Rou	ite Number,	
COMPLET	one)		SICIAN: To the best of										ind menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 7. 6. 96.													
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WILLY AM GILL MD., OVRTON AVE. CRISERLY MD. 21817.													
	JUL 0 9 1996	JUL 0 9 1996 July Party July 132. REGISTRATUS SIGNATURE												

COTTO CALLED Control Loss - Lands Cotto or, Cotto Detroi Ing. Im say

List will be because 3/9/96 harden classifier list

Times to a literature and a secretary

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q C

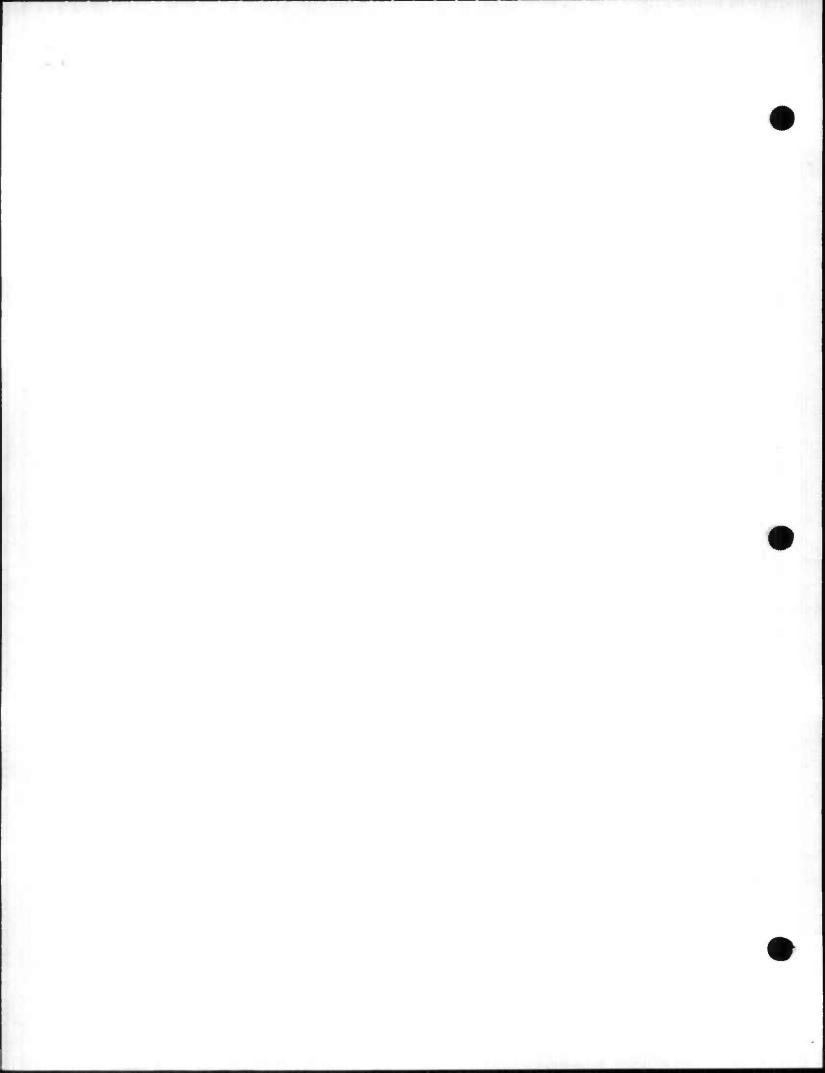
					Ob.	111100	ale UI	Death		Reg. 1	No.		
Physic	ian	Decedant's Name (First, Middla, I	ast)					- , ,	2. Date _Mont	of Death	Day	Yaar	3. Time of D
/Medi		CLIFTON		LEE			/	odd	Ju	y	-	996	1810
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be field within 72 hours after death with the State Dept. of Health and Merital Hygher prior to burial correction, or enforce. IMPORTANT: If them 28 is marked or them 28 shows an intervent or other trainmails are not at the marked or them 28 is marked or them 28 is marked.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF HEALTH AND	MENTAL HYG		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT		3. TIME OF OEATH
	Dorothy 4. SOCIAL SECURITY NUMBER	T	kington		July 6	, 1996	10:45P w
	199–28–7851 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 😾 F	92 YRS. MONT		7. DATE OF BIRTH (Month, Day, Yea September	8, 1903 i	NATHPLACE (State or Foreign Country) Kansas
TOR	25246 Smith Land		96.	Denton	DEATH	9c. COUNTY	of DEATH Coline
FUNERAL DIRECTOR	Maryland Caro			vn or location ton			10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAI	10e. STREET AND NUMBER			101. ZIP CODE			OF WHAT COUNTRY?
J. N.	25246 Smith Land	12. WAS DECEDENT EVER IN	IIIS ARMED	21629 13. WAS DECENDENT OF HISPA	ANC COLORD TO	U.S.A	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, specify Cuban, Maxic 1 YES TO NO Specify Cuban, Maxic	an, Puerto Rican, etc.)	RACE — American Indian, Black, White, atc. Specify: NUCASIAN
윤	15. DECEDENT'S EOU (Specify only highest grade	JCATION e completed)	16a. DECEDENT'S USUA (Give kind of work of	one during most of working	16b. KINO OF	BUSINESS/INDUST	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retin	ed.)			
OM	12 17. FATHER'S NAME (First, Middle, Last)		Homemake		AME (First, Middle, Me	Iome	
	Dr. John Bitt:	ing Smith Nor	ton	255 755	Gertrude		
TO BE	19a. INFORMANT'S NAME (Type/Print)	Elig Canz Oli 1102		RESS (Street and Number or Rural			p)
۴	Paul Turkington		6015 01d	Trappe Road,	Trappe,	Maryland	21673
	29a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem		PLACE AND DATE OF DIS	ice)		LOCATION — City	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /	enton Ceme	tery 22. NAME AND ADDRESS OF FA		Denton, M	Maryland
	(Kandy	en C. (r	loan	Moore Funer	al Home,		A 21620
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that caused List only one cause on ea	the death. Do not an	tar the mode of dying, aud	ch aa cardiac or re	papiratory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	· De	Men	tia			Onset and Death
N	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):				
CATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):				
AL C	PART ii. Other aigniticant condition	na contributing to death be	It not resulting in the	underlying cause given in	Part i. 24e WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA		uhitus			PER	FORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: M							1 TYES 2 ANO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТІ	26. PLACE OF DEATH (C)	neck only one)		
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Output 28a, DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence		W INJURY OCCURE	
B	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?			
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Speci	— At home, farm, street,	ractory, ornica	28f. LOCATION (Str. City or Town, St	et and Number or Ru ate)	ral Route Number,
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the basis of examination	edge, death occurred at ti and/or investigation, in n	ne time, data and place, and due ny opinion, death occured at the	to the cause(s) and time, data and place	menner as stated.	se(s) and menner as stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2. Da	w	29c. LICENSE NU	MBER 7 /-	29d. DATE SIGN	NED (Month, Day, Year)
٤	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)	1001	110		0-16
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	10 Mai	Met S	t De	ito.	1 40
	-9 '96	Se de la constante de la const	And Bank An				
	THE / JU	(1	son-Mandelle				OHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Tima of Death Month **Physician** Yaar Dorothy Frances Vandevort July 1996 4:00 AM /Medical 4e. Fecility Nema (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 453 Shore Acres Road Arnold Anne Arundel 7. Aga (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Sociei Security Number **Funeral** Birthplece (Stata or Foraign Country) 1□M 20 F Montha Days Hours Yrs. 190-24-3120 Director 64 12/27/31 Pennsylvania Usual Rasidance of Decedant the Maryland 10e. State 10b. County 10c. City. Town or Location 10d. Insida City Limits 28a-f ahow must be notified at 1 Yas 2 No Directo Maryland | Anne Arundel Arnold 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? δ 238 21012 filed within 72 hours after death Hygiana. Wher than "natural", or Nems 23 Funeral 453 Shore Acres United States 12. Waa Decedant Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No 11. Maritai Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 🕅 Married 1 Yas 2 No Baltimore, Maryland 21215-0020 If Yas, Give Yeer or Datas: Specify à Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education 16a. Dacedant's Usuai Occupation 16b. Kind of Business/Industry (Specify only highast grada completed) (Giva kind of work dona during most of working lifa. DO NOT usa ratired) Elementary/Secondary (0-12) College (1-4or 5+) 12 Sales Associate Pagas 1 and 2 should be filed vinent of Haalth and Mantal Hygia int: If Item 27 Ia marked other t Retail 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surname) Be George F. Knox 2 Hilda 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 16106 Alderwood Lane, Bowie, Md. 20716 Robert C. Vandevort 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Department of H Important: If Itel any Injury or off once. 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramovel from State 4 ☐ Donation 5 ☐ Other (Specify) Lakemont Memorial Gardens 7-12 Davidsonville, Maryland 22. Nema and Addrass of Facility
John M. Taylor Funeral Home, Inc. 147 Duke of 21. Signature of Funeral Service Licens Gloucester St., Annapolis, Maryland 21401 23a. Part1 Enter the disaasa, or complications that causahock, or heart failure. List only one cause on each le deeth. Do not enter the mode of dyling, such es cardiec or respiretory errest, Approximata Intervel Batween Onaat end Death **Physician** /Medical Immediata Causa (Final disaase or condition rasulting in daath) Examiner Dua to (or as a consequence of) Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer death.
To the Funeral Director: After this cartificate has been signed by the attending physician and completally filled in by the funeral director, paga 2 should be datached for use as the build-transit completally filled in by the funeral director, paga 2 should be datached for use as the build-transit Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Disaase or Injury that Initiated events resulting In daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or es e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobaccq use contributa to the cause of death? 2 No 3 Probably 4 Unknown þ Be Completed 24b. Were eutopsy findings available prior to 24a. Waa an autopsy performed? complation of causa of death? 1 ☐ Yes 2 ☐ No 25. Was case rafarred to medical axaminar? 26. Piaca of Daath (Check only ona) Other: 4 Nursing Homa 2 1 Yas 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 50 Rasidance 6 Othar (Specify) 27. Magner of Death

1 Natural

2 Accident Medical Certification: 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Panding invastigation 1 Tas 2 No 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian (Check only one) 29b. Signatura and title (Mogth, Blay, Year) Nama and addrass of person who completed causa of daath (Itam 23a) (Type, Print) Rd. #300, Annapolis, MD 900 K. Graze, md 31. Data filed (Month, Day, Year) 32. Registrar's Signature State Selia Davidson Registrar JUL 0 9 1996

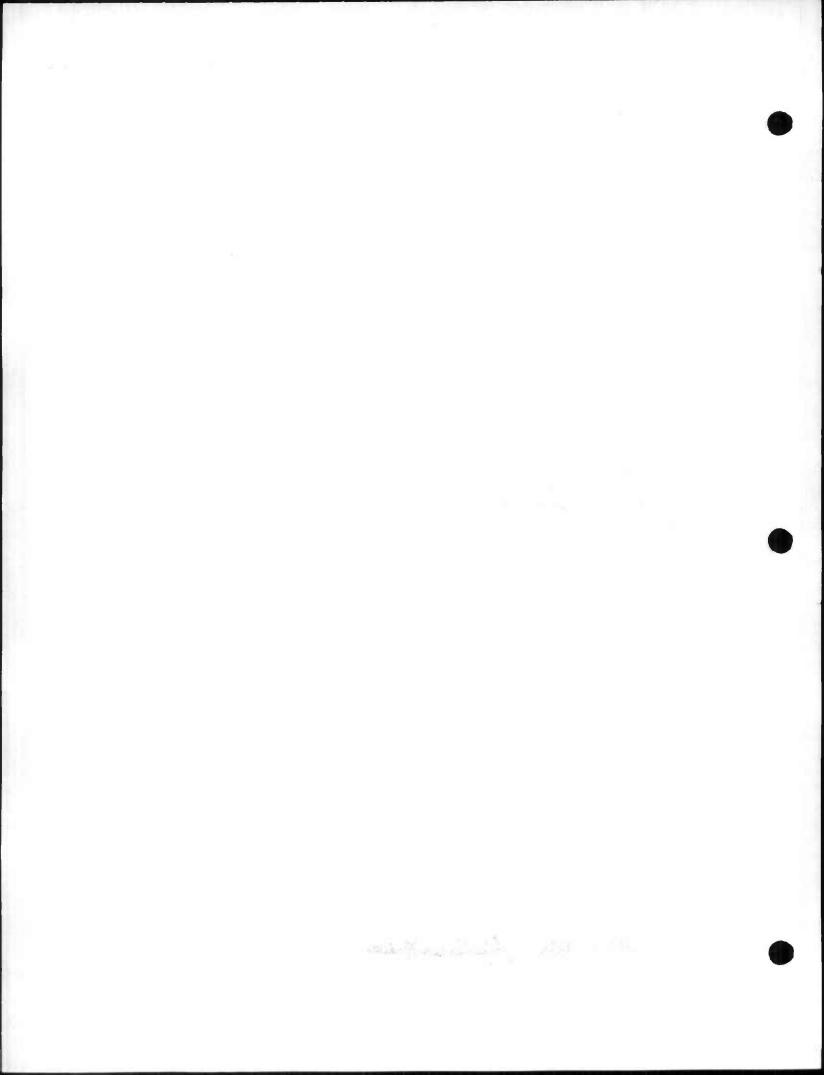
DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate	of	Death			Reg. No.		0	
			1. Decedent's Name (First, Middle,	Last)							2. Date of D		th Day Year		Time of Death
	Physic /Medi		PAUL COLE	WHIPP							JULY	06	1996		:43AM
	Exami		4e. Fecility Name (If not institution, Washington A						4b. City, Tor Takol		ocation of Dee	th 4c. C	ounty of De	eth	
	Funeral		5. Social Security Number 214-16-7664	3. Sex 120 M 2□ F	7. Age (In yrs. la	st birthday) Yrs.	If Under 1 Y	ear ays	If Under:	24 Hrs. Min.	8. Date of B	irth	9. B	lirthplace (Country)	State or Foreig
	Director		Usuel Residence of Decedent		/4			-			Aug 6	1921	M	D	
	Maryland	tor	10a. State 10b. County MD Montgo	mery		Town or Lo	ocation 7ille							10d. Inside City Limi	
	or 28a	Director	10e. Street end Number				10f. Zlp Co					_	en of What (Country?	
	23a	<u>a</u>	P.O. Box 237	.,			208	37				US			
	within 72 hours effer deeth with the Maryland ena. than "natural", or items 23s or 28s-f ahow the Madgal Examine must be notified at	by Funeral	11. Maritel Status 1 Never Married 2 Marrie 3 Widowed 4 Divorced	Armed Fo	2□ No ve		Was Decedent If Yes, specify 1 ☐ Yes 2X	Cub	an, Mexican	gin? (S _i i, Puert	pecify Yes or N o Rican, etc.)		4. Race - An Black, Wh Specify:		
	I within 72 hours iena. r than "natural", the Medical Ext	Completed	15. Decedent's (Specify only highest Elementary/Secondary (0-12)	Education grade completed)	1.40(51)	16e. Dece (Give life.	dent's Usuel O kind of work of DO NOT use r	lccup lone etire	pation during most d)	t of wor	king	16b. Kind	d of Busines	ss/Industry	
44.		E	7	College (1-401 5+)	br	ick l	av	zer			cons	truc	tion	
811	office than some than the first than some than the first than some than some than some than some than the first than some than the first than	Bec	17. Fether's Name (First, Middle, L.	ast)				٠.,		r's Nan	ne (First, Middle			W-34-V-34	
4 4 5	s 1 and 2 should be filed with f Heelth and Mentel Hygiena. tem 27 is marked other than other traumatic event, the M	To B	William W. W	hipp					Mami	e A	. Cole	9			
- 4-	ond N ind N	-	19a. Informent's Name/Relationshi	p (Type, Print)		19b. Mailin	ng Address (S	treet	and Numbe	er or Ru	rai Route Numi	ber, City or	Town, Stete	, Zip Code)
			Brenda Tester	man/gra	nddaugl	nter	18613	V	Masch	e R	d. Die	ckers	on M	D 20	842
٩	s 1 and 3 if Heelth item 27 l		20e. Method of Disposition		20b. Pla	ca of Dispo	sition (Name	of		1	Dete				
	Page nent of iny or		1 Marial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Special Superscripts) 21. Signature of Funeral Servica Li	ocify)	State	nocac					/9				MD
-	Departr Departr Imports any inju		I ma d	1/ 1/-	_	24	2. Name end A Hilto				Home				
			23a. Part 1. Enter the disease, or c	Kill								38			
			23a. Part1. Enter the disease, or c shock, or heart feilure. List or	omplicetions that only one cause on a	aused the death. ech line.	Do not ent	er the mode o	f dyli	ng, such es	cardiac	or respiratory	arrest,		Inter	oximate val Between
	hysician /Medical		Immediate Cause (Final	On		1.0	0		+ -						et end Death
	Examiner		disease or condition resulting in death)	a	Typ em	Cin	in	1	Lelisa	^				H	DURS
j	3300	ē		/		as a consec	quence of):		10:01	()			10.	
Deli	ansit	盲		b	M NC VC	as a consec	Trun	-	VISU	14	/			10)	PARS
Deve exec	physician end s the buriel-transit	sai Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c	honic	De	mrl	_	Frib	wo				ye	AR5
A St off of the same	Iding Ise as	n/Medicai	resulting In death) Last	d	10	es a conseq								1	ARS
do and	y the etter	iclai	Part II. Other algnificant condition	e contributing to de	Path but not result	ling in the u	ndodvina caus	o oh	ven in Pert I		23h Dio	I tobacco u	ee contribu	ite to the c	ause of death
the see one	ned by the e	/ Physician	Tartii. Otto algimoan condition	s contributing to di	satir out not resur	ang in the c	riderlying caus	io yn	VOIT II F OIL I.						4 Unknow
State Printers	aw requires s been sign 2 should be	Completed by			N							s an autops formed?	y 24t	eveilable	on of cause
94	D - D	PO									1 🗆	Yes 20	(No	1 🗆 Yes	2□ No
	centificate ector, pag	0	25. Was case referred to medical						26. Place	of Dea	ith (Check only	one)	,		
	8 8	O B	examiner?	Hospital:	Inpatient 2 E	R/Outpatier	nt 3 DOA	Oth	her: 4 Nu	rsina H	ome 5 Res	Idenca 6	□Other (St	pecify)	
	After fune	tlon: T	27. Manner of Death 1 Natural 5 Pending 2 Accident investiga		of Injury th, Day Year)	28b. Time of injury	f 28c.				28d. Describe				
5	efter death Director: A d in by the f	Certification:	3 Suicide 6 Could no 4 Homicide determin	ed 286. Placa	of Injury - At honing, etc. (Specify)	ne, farm, str	reet, factory, of	fica			28f. Location City or To	(Street and own, State)	Number or	Rural Rout	te Number,
200000000000000000000000000000000000000	4 hours Funeral tely filled		(Check only 2 Medical Ex		asis of examination	ledge, death on and/or in	n occurred at the vestigation, in	he tii	me, date and opinion, deel	d placa th occu	, and due to the rred et the time	cause(s) a , dete end p	ind manner plece, end d	as steted. ue to the c	ause(s)
	within 2 To the	29a. Certifier (Check only one) 29a Certifier (Check only one) 29a Certifier (Check only one) 29a Signature and title of ourifier (Check only one) 29a Signature and title of ourifier (Check only one) 29b Signature and title of ourifier (Check only one) 29c License number										29d. Date	signed (Mo	nth, Dey, \	(ear)
	· * F 0	Dull Carlo MA									1			01	
			Jan Y.	SVIII	611117	20-1-7		4	457	1		Jul	y 6	, 19	76
			30. Name end address of person w	no completed caus								V	0	-	
Į			21 Date filed Affanth David	MES		KREL									
	Sta Registr	-	JUL 0 8 19	96	egistradas Signatu	Marda	KI.								
	J														

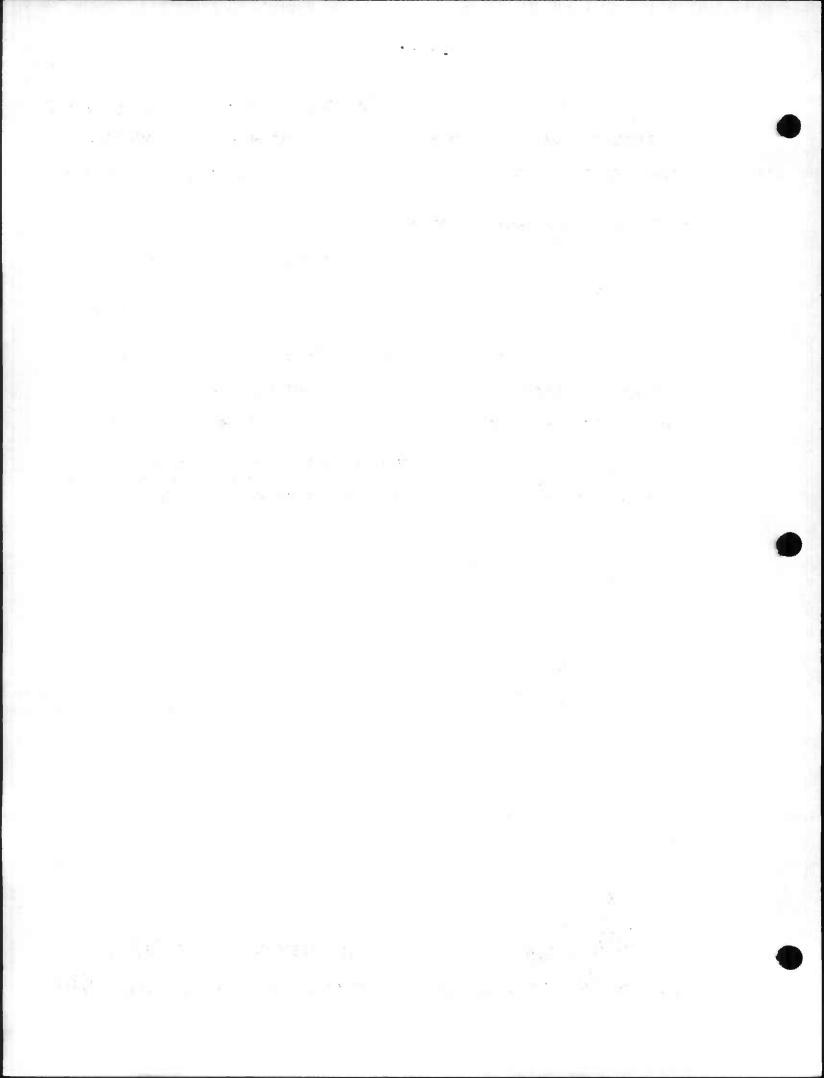
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF I	HEALTH AND	MENTAL	L HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3. TIME OF DEATH	-
	Mildred Keenan					Ju1		1996 YE	7:00 P	M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		(Month,	OF BIRTH n, Day, Year)	8.5	BIRTHPLACE (State or Foreign Country)	
	219-34-4332 90. FACILITY NAME (If not institution, give st	1 M 2 F	83 YRS.		25 5 5111	Jun	e 13	1913	MD	
SH	Anne Arundel Me		+		OR LOCATION OF E	DEATH		9c, COUNTY		
ECTOR	RESIDENCE OF DECEDENT			Annap				Anne	Arundel	
DIRE	MD Anne			TY, TOWN OR LOCA					10d. INSIDE CITY LIMITS?	
AL C	10e. STREET AND NUMBER	Arundel	AII	napoli:	S of, ZIP CODE			100 CITIZEN	1 XYES 2 NO	
IER/	22 Maryland Ave	<u> </u>			1401			USA	OF WHAT COUNTRY!	
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DE	CENDENT OF HISPA	ANIC ORIGIN	? (Specify Yea o	r No- 14.	RACE American Indian,	
ВУ	1 Never Married 2 Married 3 Midowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 _ YE	specify Cuben, Mexic S 2 NO Speci		lican, etc.)		Black, White, atc. Specify:	
ED	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	S USUAL OCCUPATI	ION	16b.	KIND OF BUSIN	USES/INDUST	White	
ET	(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during me	ost of working	,,,,,,	KIND OF DUG.	PESS/MUUS.	HY	
COMPLET	12		Homem	aker		L	Home			
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, M	liddle, Meiden Su	ımame)		
BE	James Albert 19a. INFORMANT'S NAME (Type/Print)	Keenan			Flore	nce	Mildr	ed G1	orius	
9					and Number or Rural					
	Barbara Smith	20h	.PLACE AND DATE		Rd. Sev					
	1 💢 Buriel 2 🗆 Cremelion 3 🗆 Remo		natary, cramatory or o	other place!	Cemeter	DATE 7 /			or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC		. Hals	22. NAME A	AND ADDRESS OF FA	FACILITY				
	Valle (Dunes -			anco &					
	23. POT I. Enter the diseases, or co	omplications that caused	the deeth. Do	not anter the m	Ritchie	HWV	. Seve	erna	Park MD211	4
	shock, or heert fellure. L	List only one cause on ea	ach line.						Interval Between	h
	disease or condition resulting in death)	Myoc	andre	9	Tanfan	rfra		F	Tue unutes	
		DUE TO (OR AS A	CONSEQUENCE O	F):	791	100		• (
ON	Sequentielly list conditions,	DUF TO (OR AS A	CONSEQUENCE OF							
CAT	if any, leading to immediate cause. Enter UNDERLYING	ner in faire	CONSECUENCE OF	r):						
IFIC	CAUSE (Disease or Injury that Initiated evente	DUE TO (OR AS A	CONSEQUENCE OF	F):						
CERTIFICATION	resulting in deeth) LAST	ł								
AL C	PART II. Other significant conditions	a contributing to death b	eut not resulting	In the underlyin	o causa olvan ir	n Dart I	24a. WAS AN AU	maney	THE REPORT OF THE PROPERTY OF	
CA				in the allegary	A canaa Aister		PERFORME	ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC,						-	1 TYES 2	NO	OF DEATH?	
- N						- 1			1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	heck only one)			+
YSI	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Oulpa	etlent 3 🗆 DOA	OTHER: 4 Nursing Hom	ne 5 🗆 Residence	6 🗆 Other	(Specify)			
PH	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Yber)	28b. TIM	JURY WO	JURY AT ORK?	28d. DESC	CRIBE HOW INJU	URY OCCURE	D	
BY	2 Accident Investigation	22 24 205 05 10 1000		M 1 🗆 1	YES 2 NO					
20	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Speci	— At home, Jerm, s	street, factory, offic		281. LOCAT	TION (Street and r Town, Stete)	Number or Ru	ural Route Number,	
	29e. CERTIFIER									
0	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurre	ed at the time, date	and place, end due	e to the ceus	e(e) and manne	r as stated.		
Σ		. Off the beer of exemitation	and/or investigatio	n, in my opinion, a	jesth occured at the) lime, data a	ind place, and d	ius to the cau	use(s) and manner as stated.	
COMPLET										
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	C. A			29c. LICENSE NUI	IMBER	, 2	9d. DATE SIG	NED (Month, Day, Year)	
	296. SIGNATURE AND TITLE OF CERTIFIER	arregan	TH (ITEM 27) (None	Delpt1	PSZ S	169	, 2	Pod. DATE SIG	NED (Month, Day, Year)	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	anne ause of dea	NTH (ITEM 27) (Type,	Print)	29c. LICENSE NU DSZ {	MBER 469 200d	- 2 - A-	Date sig	NED (Month, Day, Year) 1 5 (986) 2/s Md	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	OCOMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, TURE Yddon—Rand	Print) Best	29c. LICENSE NU DSZS	MBER 269 20ad	- 2 - A	DOCESION DATE SIGNATURE	NED (Morth, Day, Year) (986) (188)	



State of Maryland / Department of Health and Mental Hygiene 96

Peynyscian Addicat Examinor As Fesiely Name (if not instriction, pine abseet and number) Peynyscian As Fesiely Name (if not instriction, pine abseet and number) Peynyscian Peynyscian Peynyscian Peynyscian As Fesiely Name (if not instriction, pine abseet and number) Peynyscian Peynyscia						Ce	rtificat	e of	Death			Reg. No.		21017
46 - Facility Petron (great plantholists) give a series of marked processing of the plantholists of the pl	Dhuai	ei a m		est)			1.	1			2. Dete of De	ath	Year	3. Tima of Death
Examiner Fundament Pennsulation Fundament	-		Peggy M				V	JA	RD		July	l l	996	2015
Director 229-54-6957 IDM 20F 54 vr. Months Days Mours Mr. \$3-20-42 VITGINIA VI	2					R								ICO
10. Specific of the second property of the control			229-54-6957								8. Data of Bir (Month, Da 3 - 20	th ly, Year) - 42	9. Birthr Cour Vir	olaca (State or Foreign otry) ginia
Brooks T Mears 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 25a. Mailing Address (Streat and Author) 19b. Mailing Address (Streat and Author) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19b. Mailing Address (Streat and Author) 19b. M	ha Maryland 28a-f show	ector	10a. State 10b. County Virginia Ac	ccomack			man							10d. inside City Limits 1 ☐ Yes 2 🕱 No
Brooks T Mears 19a. Informant's Namerificialization (Type, Prior) 19a. Informant's Namerificialization (Namerificialization (Nam	23a or 2		10e. Street and Number				10f. Zip	Code	2330	2				ıtry?
Brooks T Mears 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 25a. Mailing Address (Streat and Author) 19b. Mailing Address (Streat and Author) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19b. Mailing Address (Streat and Author) 19b. M	ours after dae ral', or items Examiner m	þ	1 ☐ Never Marriad 21 Married	Armed Force 1 Yas 2 If Yes, Give	as? € No			_			ecify Yas or No Rican, etc.)		rck, White, fy:	etc.
Brooks T Mears 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19a. Informants Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 25a. Mailing Address (Streat and Author) 19b. Mailing Address (Streat and Author) 19b. Mailing Address (Streat and Number of Rural Route Number, City or Town, Stee, Zip Code) 19b. Mailing Address (Streat and Author) 19b. M	Z I 3-U ithin 72 h e. an "natu	npieted	(Specify only highast gr	ede completed)		(Give	kind of wor	k done	during mos	it of work	ing	16b. Kind of E		
20a. Method of Disposition 20a. Method of Disposition Other place)	offied will Hygien other th		17. Father's Name (First, Middle, Las	5+		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7							_	Navy
20a. Method of Disposition 20a. Method of Disposition 20a. Method of Disposition 20a. Continon 3 20a. Method of Disposition 1 20a. Method of Disposition 20a. Method of Dispo	Vica Ould b Menti arked													
Continued Cont						b. Mailir	ng Address	(Stree	et end Numb	er or Run				
Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Due to (or as a consequence of): Due to (or	Pagas 1 nant of H int: if iter		1 X Burial 2 ☐ Cremation 3		ata cemete	ery, crer	metory or o	thar pl	•	7				
Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Physician Medical Examiner Part II. Other algorith tensions discussed in the discussion of contributing in death) Part II. Other algorithm and death of the discussion of contributing in death but not resulting in the underlying ceuse given in Part I. Part II. Other algorithm and the discussion of contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other algorithm and the discussion of contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other algorithm and the discussion of contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other algorithm and the discussion of contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other algorithm and the discussion of contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other algorithm and the discussion of contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other algorithm and the discussion of contribution of contrib	Dair. Demit. Departri		21. Signature of Funeral Sarvice Lice	Tat	1	22	2. Name an	d Addr	ess of Facili	y Fc	x Fune	eral H	ome,	PO Box
Physician / Modical Examiner Part ii. Other significant conditions of season of the part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.	_		23a Part 1. Enter the diseesa, or con	plications that cau	isad tha daath. Do				_					Approximate
Cause (Disease or Injury to the Cause or Injury	/Medical Examiner	iner	disaasa or condition	. Met	Due to (or as a	consec	quence of):	Ma	M	Can	mer		1	
Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other significant conditions contributing to death occurred II. Part II. Other significant conditions contributing to death occurred at the underlying ceuse given in Part I. Part II. Other significant conditions contributing to the cause of order of death occurred at the time, date and place, and due to the cause(s) and mannar as statad. Part II. Other significant conditions contribution of death occurred at the time, date and place, and due to the cause(s) and mannar as statad. Part II. Other significant conditions contribution of death occurred at the time,	an and irrial-trans		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. ————	Due to (or as a	conseq	quence of):						1	
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Department of Health and Annual Hyghene. Important: If them 27 is marked other than "natural; or items 23e or 28e-f show any injury or other traumstic event, the Medical Evantives must be notified at 200ce. To Be Completed by Funeral Director	Usuel Residence of Decedent 10a. Stete 10b. County MARYLAND 10c. Street end Number 81 E. MECHANIC 11. Meritel Status 1 Never Married 15. Decedent's E (Specify only highest gr Elementery/Secondery (0-12) 11. 17. Fether's Neme (First, Middle, Last	SPITAL Sex 7. Age (fill M 2 T) ANY STREET 12. Was Decedent Eve Armed Forces? 1 Yes 2 T) 1/48	r In U,S. 13.	Months Devi	2 Hispenic Origin? (5 ben, Mexican, Puer o Specify:	AND 8. Dete of Bis (Month, De MAY 31) Specify Yes or Note Rican, etc.)	ALL: th Year) 1924 10g. Citizen of W U.S. 14. Receible	of Deeth EGANY 9. Birthple Country MARYLA 100 That Country e - American k, White, etc.	Indlen,	
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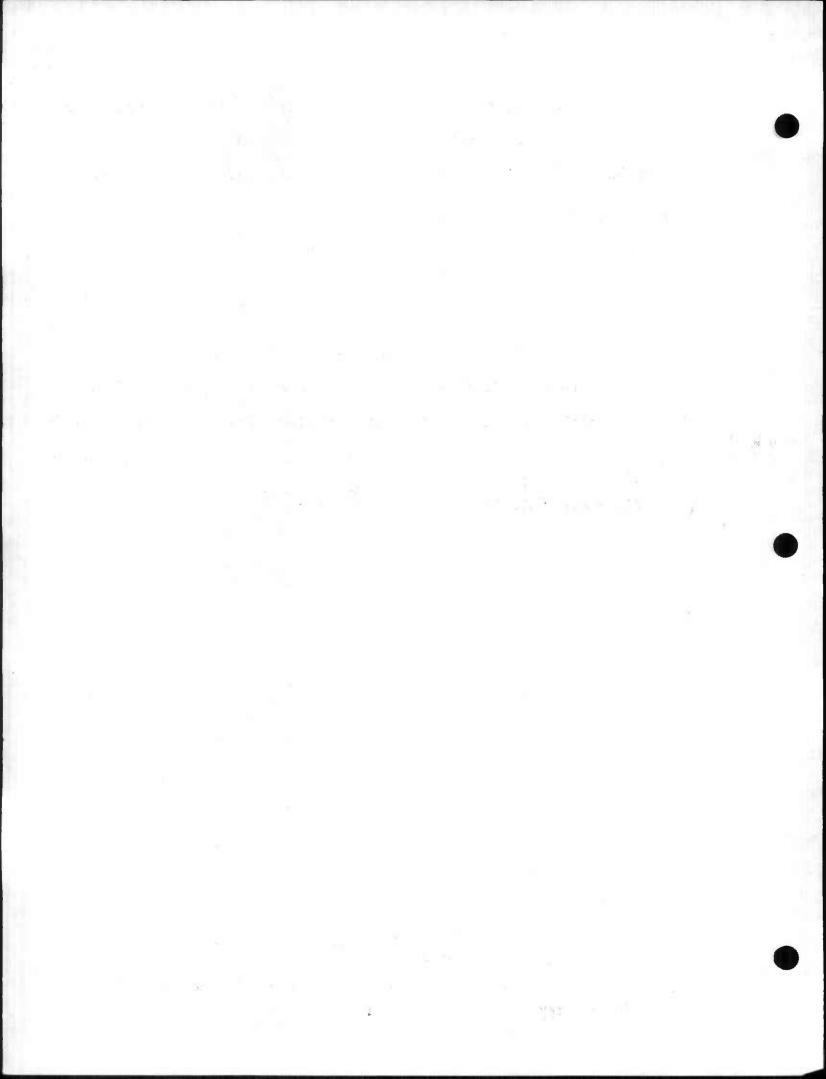
State of Maryland / Department of Health and Mental Hygiene

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F 10 5	-	19e. Informent's Name/Reletionship Mrs. Gina Frierm		nter							ber, City or Town, State, Zip Code) Maryland, 21702			
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State Registrar



State of Maryland / Department of Health and Mental Hygiene

Cortificate of Dooth

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21677

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Mouley 20, 1998 Louis Henry ATWELL 9:18AM /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Lanham Doctors Comm. Hospital If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min. Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Dey, Year) Jul 29 1918 5. Sociel Security Number 7. Age (In yrs. lest birthdey) **Funeral** Deys 578-07-2630 15 M 2□ F 77 Yrs. Director MD Usuei Rasidence of Decedent 10a. Stete 10b. County 10c. City, Town or Location Hyattsville 10d. Inside City Limits Prince George Md 1X Yes 2 No permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Ne Department of Haalth end Mentel Hyglene. Important: if item 27 is marked other than "natural; or items 23a or 27 any injury or other traumatic event, the Medical Examiner must be notified any injury or other traumatic event, the Medical Examiner must be notified. Director 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Code USA 20781 6000 42nd AVenue Funeral Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, Whita, etc. M Yes 2 No If Yes, Give WWII Yeer or Detes: 1 ☐ Never Married 2 ☐ Merried Baltimore, Maryland 21215-0020 white 1 Yes 2 No Specify: þ 3 Widowed 4 Divorcad Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) Construction Carpenter 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be William F. ATwell Effie Bast 2 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 6000 42nd AVe, Hyattsville, Md 20781 19e. Informent's Neme/Raletionship (Type, Print) Henry Atwell 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Galesville, Md Woodfield Cemetery 21. Signature of Funeral Service Lipets Hardesty Funeral Home, P.A., 22. Name end Address of Fecility 905 Galesville Rd., Galesville, Md 20765 mur lise, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, the course on each line. Intervei Between Onset end Deeth **Physician** Cardwhespira /Medical immediete Cause (Finil Suddon appest disease or condition resulting in deeth) Examiner Examiner Olonan physician and the burief-trensit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Disease or Injury that initiated events resulting in deeth) Lest Dua to (or es a consequence of) Box 68760 certificata be Physician/Medical Due to (or es e consequence of): 980 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? à 1 ☐ Yes 2 ☐ No 3 Probably **→** Unknown signed t py 24b. Were autopsy findings aveileble prior to complation of cause of deeth? 24e. Wes en eutopsy performed? Completed peen has 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician:
 24 hours efter death.
 Funeral Director: After this certific. 25. Wes case referred to medical axaminer?

1 Yes 2 No Be 26. Placa of Deeth (Check only one) Hospitel: Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Dey Year) funeral 27. Mannar of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. injury et Work? Certification: Neturel 5 Panding 1 Yes 2 No investigetion 2 Accident 6 Could not be determined 3 Suicida 28a. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicida Certifying Phyaician: To the best of my knowledge, deeth occurred at the time, date end pieca, end due to tha cause(s) and mannar es steted.

2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, daath occurred et the time, date end pieca, end due to the causa(s) end mannar steted. Medicai 29e. Certifier plataly (Check only one) To the within 2 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme end addrass of person who completed cause of daeth (Itam 23e) (Type, Print) BRUCE Lowman HANOVER 7223

32. Registrer's Signeture

DHMH 16 Rev 6/95

State Registrar 31. Deta filed (Month, Day, Yeer)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEMS: 5. PER F.H. FILM G-737 State of Maryland / Department of Health and Mental Hygiene 7/23/96 t.t Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Date of Death **Physician** Month Gertrude Aldrich July 18 1996 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Deeth **Examiner** 5717 Edmondson Avenue Apt. 102-B Catonsville Baltimore 5. Sociel Sacurity 214-20-1078 Sex if Under 1 Year If Undar 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** Birthplace (Stete or Foreign Country) Deys 1 □ M 2 1 F 210-10-4360 91 Yrs. Director Sept. 12,1904 Maryland Usual Residence of Decedent death with the Marylend 10e. Stete r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10b. County 10c. City. Town or Location 10d. Inside City Limits Md. Baltimore Director Catonsville 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 5717 Edmondson Avenue Apt. 102-B 21228 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yas ≥ 2 No If Yes, Give Year or Dates: 14. Race - American Indien, Black, White, etc. Was Dacedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) filed within 72 hours efter 1 Never Marriad 2 Married 1 ☐ Yas 2X No Specify: Be Completed by Specify: 3 Widowed 4 □ Divorced White 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Spacify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) 6 Homemaker Own Home traumatic event, 17. Father's Name (First, Middle, Lest) 18. Mother's Nema (First, Middle, Maidan Surneme) Peges 1 and 2 should be a ment of Health end Mentel Joseph McKenny Unknown 19a. Informent's Neme/Reletionship (Type, Print) Cliff Aldrich 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) (Son) 3 Country Club Phoenix, Maryland 21131 othar ! 20b. Piece of Disposition (Nema of cametery, cremetory or other placeurly 22, 1996 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Spacify) Department of Important: If any injury or Cedar Hill Cemetery Baltimore, Maryland 21. Signature of Funegal Service Licensee 22. Name end Address of Facility
Witzke Funeral Home Inc. 1630 Edmondson Avenue Catonsville, Maryland 23a. Part1. Enter the disease, or confidence in a caused that describe shock, or heart feiture. List only one ceuse on each line. Approximete Intervel Between Onsat end Deeth **Physician** Immediete Ceuse (Finel diseasa or condition resulting in deeth) /Medical 1 monthes **Examiner** Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury Completed by Physician/Medical thet initieted events resulting in deeth) Last Due to (or as e consequança of) Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the causa of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evelleble prior to completion of causa of deeth? 24a. Wes en eutopsy performed? obstructive luna 1 Yes 2 1 No 2 No Be 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Certification: To Other: 4 Nursing Home 5 Nesidenca 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this 8 Other (Specify) 27. Menner of Deeth 28c. Injury et Work? 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicida Pleca of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end place, and dua to the ceuse(s) end manner stated. (Check only

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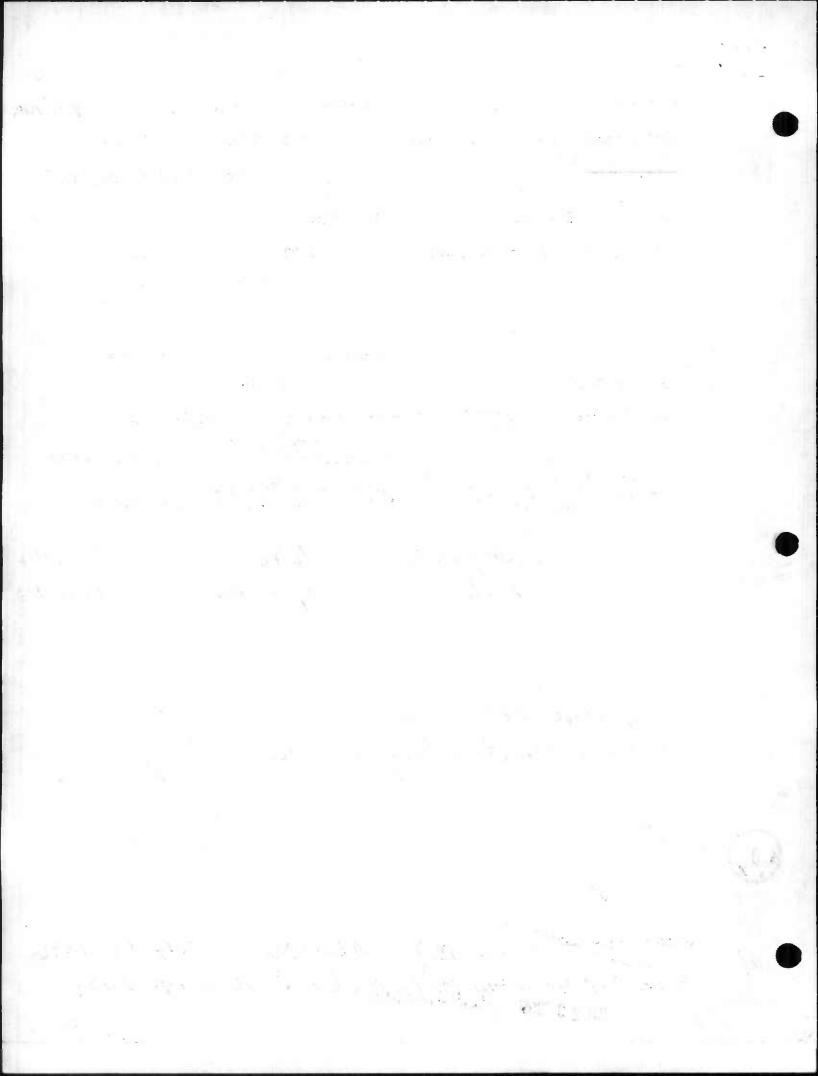
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29b. Signature and title of certifier

29c. License numbar 028236 29d. Dete signed (Month, Dey, Year)

and address of person who completed cause of deeth (Item 23a) (Type, Print)

4 St Martin 541 Old Found



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Day **Physician** July 1994 7100 AM 20 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b, City, Town, or Location of Death 4c. County of Death **Examiner** spital Hospital Drivellen Burnie Anne Arunde th Arundel If Undar 24 Hrs. 8. Data of Birth Hours Min. Month, Day, If Undar 1 Yaar 9. Birthpiaca (Stata or Foraign Country) 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) **Funeral** Days Months 263 1 M 200-F 3 -16 Director MARYAND Usual Rasidance of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If tem 27 is marked other than "natural", or hame not any Injury or other trainment. 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No PASADENA Director MD ANNE ARUNDEL 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? U.S.A. 21122 1084 NOTLEY COURT Funeral 12. Was Decedant Evar in U.S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 11. Marital Status 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married 1 ☐ Yas 2 € No WHITE Specify: by 3 Widowad 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) Collega (1-4or 5+) UNITED IRON & METAL OFFICE MANAGER 9TH GRADE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) EMMA HICKMAN RICHARD COGSWELL 10 19a. Informant's Name/Raiationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda)
1084 NOTLEY COURT - PASADENA, MD 21030 DENISE MOYLAN (DAUGHTER) 20b. Piaca of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata MD 4 ☐ Donation 5 ☐ Othar (Specify) 7/24/96 BALTIMORE CRESTLAWN CEMETERY 21. Signatura of Funaral Sarvice Licenses 22. Nama and Addrass of Facility HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE - BALTIMORE, MD Idullian 21229 23a. Part1. Entar tha disaase, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Between Onsat and Death **Physician** /Medical immediata Ceusa (Finai disaasa or condition rasulting in death) CHREMIC OBSTRUCTIVE Examiner Dua to (or as a consequence of) Examiner PNEKMONIA and Sequantially list conditions, if any, laading to immadieta causa. Entar Undarlying Causa (Disaase or Injury that initiated assets) Dua to (or as a consequence of). Box 68760, Physician/Medical thet initieted avants rasulting in death) Last Dua to (or as a consequence of): **Bulgue** Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco use contribute to the cause of death? the signed by t Yes 2 No 3 Probably 4 Unknown FBRI WATTON Division of Vital Records, P 24b. Wara autopsy findings availabla prior to completion of causa of death? 24a. Was an autopsy performed? Completed ARTHEROSCIENOTE CAROUVASEWAR peeu has this certificate 1 🗆 Yas 1 Yas 2/2 No To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certified funeral director, 25. Was casa rafarred to medical axaminar? Be 26. Placa of Daath (Check only ona) To Hospital: 1 Yas 20 No Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of injury (Month, Day Year) Certification: 27. Manyler of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Naturai 5 Panding invastigation 1 Yas 2 No 2 Accidant 6 Could not be detarmined 3 Suicida 28a. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) completely filled in by 4 Homlcida 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) end manner as stated. Medical (Check only one) 2 Medical Examiner: On the best of my knownedge, death occurred at the time, date and place, and due to the cause(s) and manner steted. 29b. Signatura and titia of certifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print)

HOSPITAL

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State Registrar

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State of Maryland / Department of Health and Mental Hygiene 96

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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Year BRYANT Booker 96 7.46 17. 4c. County of Deeth 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth Rich-Jos-ph Hospice BALTIMORE CITY
If Under 24 Hrs.
Hours Min.
B. Dete of (Month) If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Dey, Year) Birthpleca (State or Foreign Country) Deys 1X M 2□ F Yrs. 214-01-9873 83 5, 1912 ARKANSAS Sept. Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 X Yes 2 □ No MARYLAND BALTIMORE CITY N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 825 BROOKS LANE 21217 U.S.A. Wes Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever In U,S. Armed Forces? Rece - American Indien, Bleck, White, etc. 11. Marital Stetus TY Yes 2 No 1942 HYes, Give Yeer or Detes: to 1945 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 X No Specify: Specify: 3 ☑ Widowed 4 □ Divorced BLACK 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 11th grade LONGSHORE MAN SHIP YARD 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) HOLDER BRYANT OSSIE BRYANT 19e. informent'a Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Linda Trice/Daughter 5349 Carriage Court, Baltimore Maryland 20e. Method of Disposition 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete \$\text{Buriel 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) GARRISON FOREST VETERANS 7-23-96 OWINGS MILLS, MARYLAND 21. Signature of Ponergi Service (22. Neme end Address of Fecility WILLIAM C. BROWN COMMUNITY F/H Depular 1206 W. NORTH AVENUE Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart leilure. List only one cause on each line. 23a. Fart L Enter the disees Approximate interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death) Respiratory avvix Due to (or as e consequence of): estares brain, Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last Due to (or es e consequence of): unknow - Linging Due to (or as e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown 24b. Were autopsy findings evellable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 Yes 2 PNo 1 ☐ Yes 2 ☐ No 25. Wes case reterred to medical exeminer? 26. Pleca of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 POther (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Maturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 ☐ Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated.

in D. Styly Winards Road, Randallstown, HD

29c. License number

Dozins

29d. Date signed (Month, Dey, Year)

7- tg. 96

Examiner that the death certificate be executed physician and s the burial-transit Records, P.O. Box 68760, Physician/Medical aigned by the a Aq peed to law Ħ Be 2 Certification: if or Attending after death. Directors Ah

Physician

/Medical

Examiner

Director

Funeral

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Completed

Funeral

Director

Pages 1 and 2 should be filled within 72 hours after death with the Maryland nent of Health and Mental Hygiene.
Int: If Hem 27 is marked other than "naturs!", or hems 23s or 28s-4 show any or other traumatic svent, the Medical Examiner maint be notified at

Physician

/Medical

Examiner

Baltimore, Maryland 21215-0020

Medicai

Hospital of 24 hours at D To the Hosp within 24 hou To the Fune completely fi

> State Registrar

DHMH 16 Ray 6/95

29e. Certifler

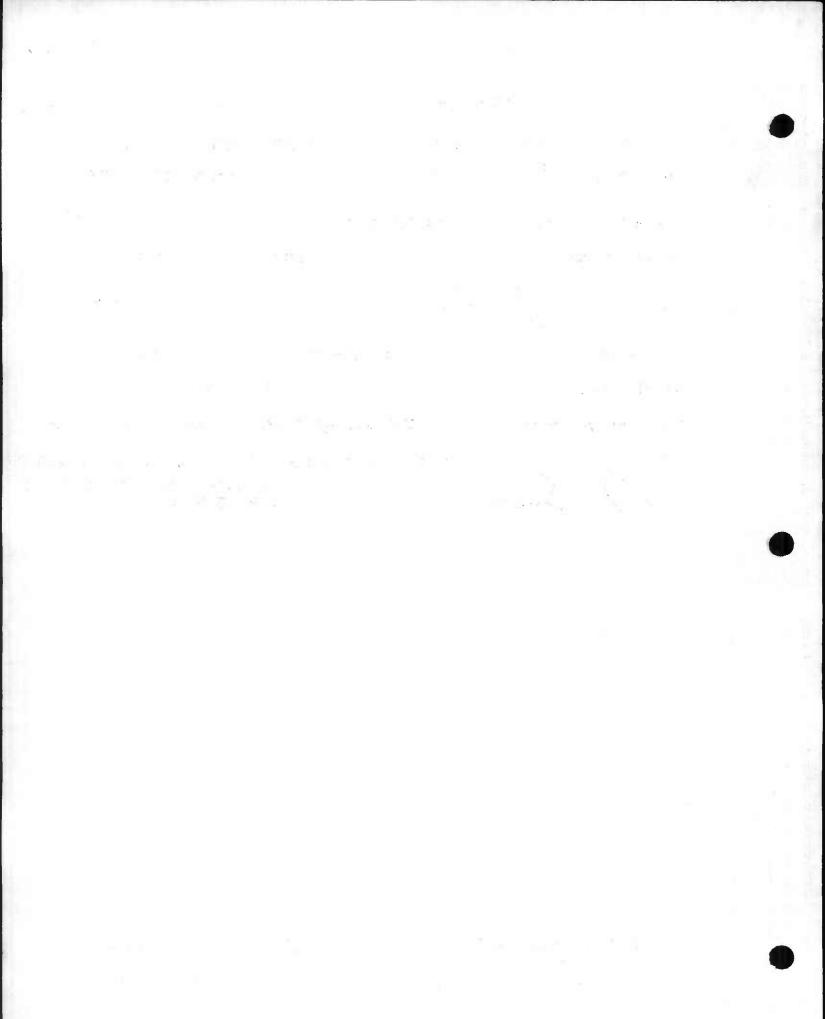
29b. Signeture end title of cartifier

31. Date filed (169th 1996 ear)

Se B. Jim. n.D.

30. Neme and eddress of person who completed cause ot deeth (Item 23e) (Type, Print)

B. Fign wm. D.



1996

9c. COUNTY OF DEATN

BALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

USA

BAUM

14. RACE -- American Indian, Black, White, atc.

Specify: WHITE

3. TIME OF DEATH

10d. INSIDE CITY

1 TYES 2 XXXO

interval Between Onset and Death

8. BIRTNPLACE (State or Foreign

MD

8 A

REG. NO.

DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

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BAUM DR. MAX wh 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF MINTH 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 X M 2 | F 83 220-05-8874 MAY 28,1913 should 9a. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATN 7 SLADE AVE; APT. 103 DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION BALTIMORE BALTIMORE FUNERAL toe. STREET AND NUMBER 101 ZIP CODE 21208 7 SLADE AVE.: APT. 103 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ... YES 2 \square NO IF YES, GIVE WITH OR DATES WWII - NAVY11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried 1 YESTEY ND Specify: BY 3 Wildowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5+) 5+ PHYSICIAN MEDICINE Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) notified at LOUIS BAUM ANNIE BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2205 CROSS COUNTRY BLVD; BALTIMORE, MD 21209 19a. INFORMANT'S NAME (Type/Print) 2 DR.RICHARD BAUM (SON) pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata must Burlal 2 U Creminion

Donetion 5 Other (Specify) SHAAREI TFILOH 7-21-96 BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208 23. PART Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, hock, or heart failure. List only one cause on each line. medical IMMEDIATE CAUSE (Final the ORONARY HTHE DUE TO (OR AS A CONSEQUENCE OF): HAMEROSCIGROT disesse or condition_ resulting in desth) event. Y PERENSION other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE DE): that initiated events resulting in death) LAST 10 any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23 shows DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE DF DEATH (Check only 25. WAS CASE REFERRED TO MEDICAL Item EXAMINER? OTHER:
4 | Nursing Home 5 | Meeldence HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATN

1 Netural 5
2 Accident 28c. INJURY AT WORK? 28e. DATE OF INJURY (Month, Dey, Year) 26b. TIME OF marked, 5 Pending 1 YES 2 ND BY 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 60 COMPLETED 8 Could not be 4 Homicide 28 TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner se stated. (Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner se stated. IGNATURE AND TITLE OF CERTIF BE

32. REGISTRAR'S SIGNATURE

22

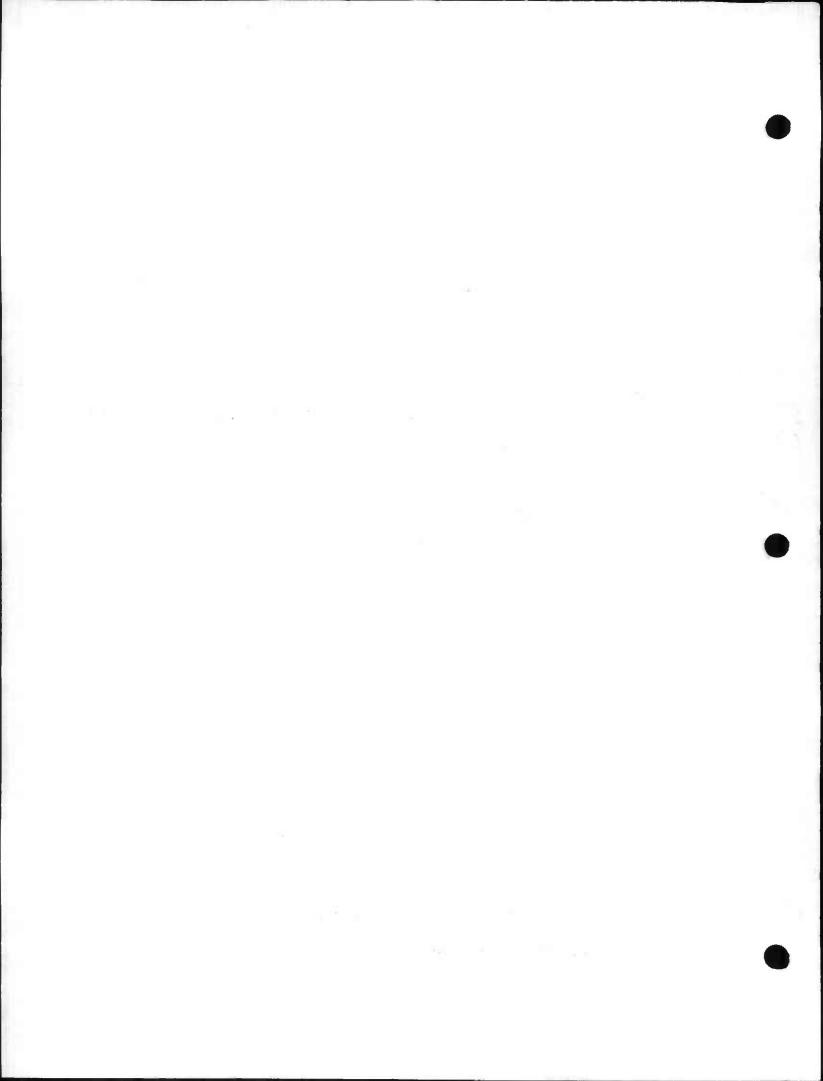
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

24b. WERE AUTOPSY FINDINGS 24e. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? 1 TYES 2 ND 1 YES 2 ND 28d. DESCRIBE HOW INJURY OCCURED 261. LOCATION (Street and Number or Rural Route Number, City or Town State) 29d. DATE SIGNED (Month, Day, Year) 2120

31. DATE FILED (Month, Day, Year) BD

2



State of Maryland / Department of Health and Mental Hygiene 96

96 21683

						Certifica	ate of	Death		Reg. No.	3 0	
			1. Decedent's Neme (First, Middle, L.	ast)			0.0		2. Dete of D	eeth Dev	Yeer	3. Time of Death
	Physic /Medi		LAURA BE	RRY					Jul	Y 15,	1996	3:20 Am
	Exami		4e. Fecility Neme (If not institution, gi	ve street end number)				4b. City, Town	, or Location of Dee	th 4c. Cou	inty of Deeth	
			Sinai Hospital					Balti	more		n/a	
	Funeral Director		212-24-9658	Sex 7. Ag 1 □ M 2 12 F	e (In yrs. lest b	Yrs. If Unc Month	der 1 Yeer S Deys		Min. 8. Dete of B	irth Ney. Year) 1912	Coun	piece (Stete or Foreign ntg) Inia
	and *		Usuei Residence of Decedent 10a. Stete 10b. County		10c. City. To	wn or Location					1	Od. Inside City Limits
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	ath with the 23s or 2 was bein	ral Dire	10e. Street end Number 5010 Pembridge A				Zip Code 212		É	USA	of What Cour	
020	a within 72 hours after death with the Maryland jiene. Then "naturel", or Items 23a or 28s-f show the Medical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 ☐ Never Merried 2 ☐ Merried 3 ☒ Widowed 4 ☐ Divorced	12. Wes Decedent Armed Forcas? 1 ☐ Yes 2 ☐ If Yes, Give Yeer or Detes:		117.	edent of pecify Cut		n? (Specify Yes or N Puerto Rican, etc.)		Race - Americ Bleck, White, ecify: Bla	etc.
5-0	72 hc	ted	15. Decedent's E (Specify only highest gr	ducation	16	a. Decedent's Us	suei Occu	pation	f warking	16b. Kind o	f Business/Ind	dustry
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Maryland	should be filed of Mental Hygi marked other imatic event, I	To B	Albert Green					Napr	nie Fitzge	erald		
ary	SPEE	-	19e. Informant's Neme/Reletionship	(Type, Print)	19	b. Meiling Addre	ess (Stree		or Rural Route Num		wn, Stete, Zip	Code)
	ロミトラ		Elizabeth Bell			5010 Pem	brid	ge Aver	nue Bal	timore,	MD 2	21215
re,	m 7 5 5		20e. Mathod of Disposition		20b. Pleca	of Disposition (A	leme of		Date	1	on - City or To	own, Stete
Baltimore,	permit. Pages 1 e Depertment of He important: if Item any injury or othe once.		1X Burial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Special	fy)		ery, cremetory o teran Ce	mete	ry/Garı				, Maryland
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x 68760,	entificate ing phy e es the	Medicai	resulting in death) Lest		Due to (or es e	consequence of	1):				l i	
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S, P.O	requires that the death certificate be executed een signed by the attending physiclan end hould be datached for use as the burial-transit	by Physician/	LIVER CIRRHO	SIS					10	Yee 2□N	o 3□Prol	bably 4 Unknown
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<u>=</u>	iclan: The certificate rector, pag	Be	25. Wes case referred to medical examiner?					26. Place o	f Death (Check only	ona)		
of <	Q 8 2	ပ္	1 ☐ Yes 2 ☑ No	Hospital: 1 1 Inpatie	ent 2 ER/C	Outpatient 3 0	DOA O	her: 4 Nurs	ing Home 5 ☐ Re	sidanca 6 🗆	Other (Specif	y)
ouo	fing After fune		27. Manner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28e. Date of inju (Month, De	y Year) 28b.	Time of Injury M	28c. inju Wo	nyet ork?]Yes 2 □ No	77.2	how injury oc	curred	
Division	To the Hospital or Attending within 24 hours efter deeth. To the Funeral Director: Attencompletely filled in by the fune	Certification:	3 Suicide 6 Could not be determined		ury - At home, t c. (Specify)	farm, street, fact	ory, office			(Street end Nu own, Stete)	ım <i>ber</i> o <i>r R</i> ura	al Route Number,
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	->		▶ Ellie 6	Cohen	MD	1	752	40237	21-EC906	18 Ju	dy 15,	1996
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	Sta	to	31. Date filed Orlorith Dan Year)	/ (VII) > Registr	ar's Appellant	1034117	t i	2401 W	, BELVE	DtRt	AVE	MARYLAND
	Sta	ile.	JUL 20 1996	July Duran	-							41213

Registrar

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State of Maryland / Department of Health and Mental Hygiene 96 2 | 684

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Medical xaminer	4	e. Fecility Neme (If			ber)			4b. City, Town,	or Location of Dec		y of Deeth	
naiiiii ei	ı	Liberty	v Medica	1 Center				Balti	more		n/a	
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ector	-	214-24-19 Usual Residence of	021	1□M 27 F		71 Yrs.	Months Days	Hours	July 1	Pey, Year) 7, 1925		ryland
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Examiner must be notified at by Funeral Director		Marital Status Mever Merric Widowed		12. Was Deced Armed Ford 1 Yes 2 If Yes, Give Year or Dal	ces? 2∭ No		Vas Decedent of I Yes, specify Cub		? (Specify Yes or Nuerto Rican, etc.)	Specific		
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To E		John Brow	wn					Jua	nita Hal	1		
other traumatic avant, the Medical To Be Completed		19e. Informent's Na	me/Reletionship	(Type, Print) S	on	19b. Mellin	g Address (Street	and Number o	r Rural Route Num	ber, City or Town	, Stete, Zip	Code)
E .		Gary Brow	wn			2022 1	Ruxton A	venue	Balt.imo	re, Mary	1and	21216
to	2	0e. Method of Disp				Place of Dispos	sition (Name of netory or other pla		Dete	20c. Location		
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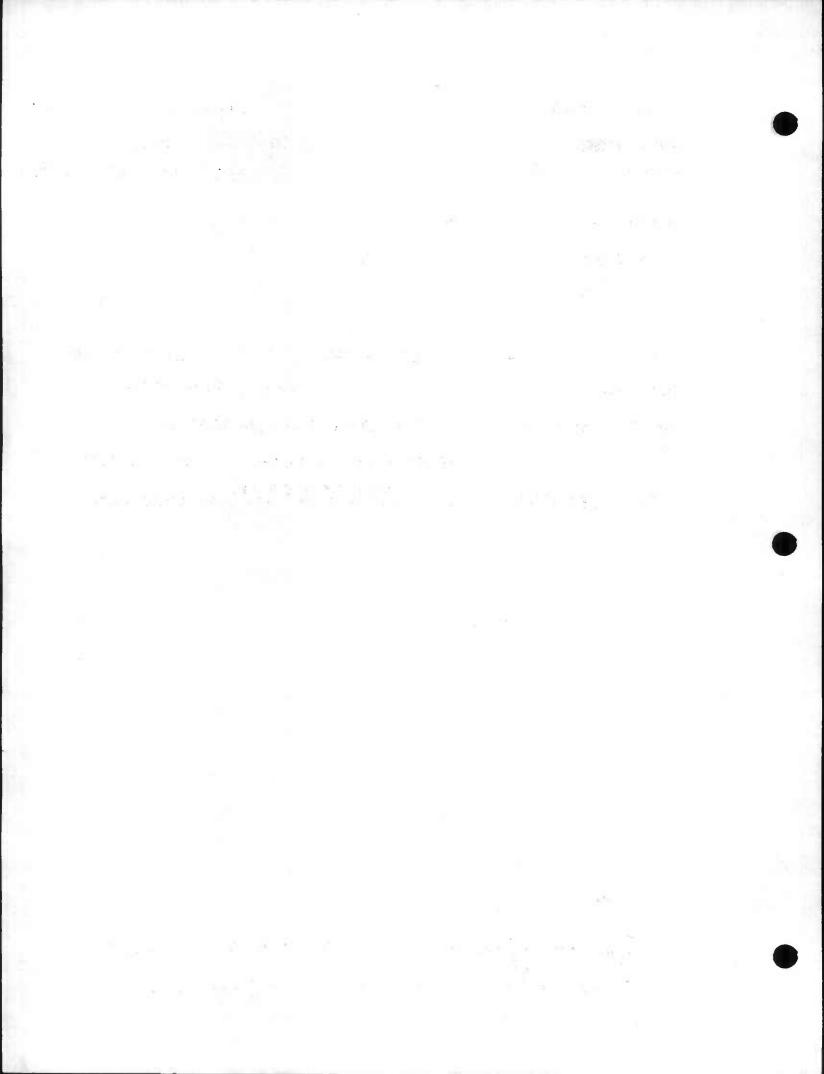
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edical miner	- 4	HENRY F.	BECKI ot institution		number)				4b. City. Tow		JULY 16 cation of Dea		inty of Death		05 P.M.
mmer		2810 HENLY F							BEL AIF			HARF			
ral		. Social Security Nun		6. Sax 1XXM 2□ F		In yrs. last birthde	y) If Unda	r 1 Year Days		4 Hrs. Min.	8. Dete of Bi	rth	9. Birth	plece (Ste	ete or Foraign
tor	-	579-01-0973 Isual Residence of D	acadant	IAMW ZLIF	82	Yrs.					APRIL 2	, 1914	BALT	MORE	CITY,MD
			0b. County		1	0c. City, Town or	Location					-		10d. Insid	a City Limits
ģ	1	MARYLAND H	ARFORD			BEL AIR								101	Yes 2 No
Director	1	0e. Street end Numb	er		'		10f. Zi	p Code				10g. Citizen	of Whet Cou	ntry?	
		2810 HENLY F	OAD				210					U.S.A			
/ Funeral	1	Marital Stetus Never Merried			Forces?	arin U,S.	if Yes, spo 1 ☐ Yes			in? (Spe Puerto l	cify Yes or N Ricen, atc.)		Race - Amari Bleck, White, ecify:	etc.	n,
yd by		3 Widowed 4		Yaar o	Detes:	140.0							MUT		
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E O		Elementery/Second	ery (0-12)	College N/A	(1-4or 5+)		METAL					MISTR	UCTION I	INDLIST	RY
Be		7. Fathar's Name (F)	rst, Middla,			SILLI				's Nema	(First, Middle	a, Maiden Sun			
L O		HENRY BECKEF							TER	ESA	BARBA	ARA BUE	TINER		
discs.		9e. Informent's Nem										per, City or To	wn, Stete, Zij	o Code)	
		KATHERINE E. Da. Method of Dispos		R (WIFE)		2810 20b. Place of Dis			BEL AI	R , M	IARYLAND Dete		on - City or T	our Stat	
	-	XX Burial 2	Cremetion		m Stete	cemetery, c	remetory or	other ple		4000	Dete				9
	2	4 ☐ Donetion 5				PARKWOOD (LY 19,			BALTIMO	HE, MARY	LAND	
		1 hos	lho	-Along	2010		LASSAHN	FUNE	RAL HOM	E, I	C.	VI AND OA	000 400	_	
	1	23e. Pert1. Enter the shock, or heert f	diseese, or	complications the	t ceused th							YLAND 21 arrast,	236-462		mate Between
1		shock, or heert	ellure. List	only one ceuse or	n eech line.								İ	Onset e	Between and Deeth
al er	10	mmedlete Ceuse (Fir lisease or condition	nel	C	ardio	e Arre	st						1	Mire	ites
100	1	esulting In deeth)		0		e to (or es e cons							1	Day	
Examiner				b . P		remia	P						1	Day	2
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dical	ti	euse (Disaasa or inj net Initieted events	ury	c		a to (or es e cons	equance of)							Jest	10-
Med	'	esulting In deeth) Las	St.	(orena			C .	esse				į	402	1
lan				d,		0		0(3					1	8	
Physician/Me	P	ert II. Other significa	nt conditio	ns contributing to	death but r	ot resulting in the	undarlying	ceusa giv	ven in Part I.	_	23b. Did	tobacco usa	contribute t	o the cau	se of death?
		Demo	entia								1 🗆	Yes 200	lo 3 Pro	bably	4 Unknow
bd by											24e. Wes	s en eutopsy	24b. W	ere eutop	sy findings
Completed	-										perf	ormed?	CC	aileble prompletion death?	of ceusa
mo.											10	Yes 2 N			ONO
Be		5. Wes cese referred examiner?	to medical						26. Plece	of Deeth	(Check only				
2		1 Yes 2 No			Inpatient	2 ER/Outpat		UA	ner: 4□ Nur	-		idence 6 🗆		fy)	
0	2	/ 4	5 Pending		e of Injury onth, Dey Y	ear) 28b. Time Injury		28c. Injui Wo			28d. Describe	how injury oc	curred		
Certification:		2 ☐ Accident 3 ☐ Suicide	investig	ot be	ce of Injury	- At home, ferm,	M street fector		Yes 2□N		28f Location	(Street end N	ımber or Rur	al Route I	Vumber
ert		4 Homicide	determi	bui	lding, etc. (Specify)	J. 10010	,, 00				wn, Stete)			
edicai C	2			xaminer: On the		ny knowledge, de aminetion end/or									se(s)
ĭ.	2	9b. Signatura and titl	a of certifier	ond me	onnor Stotet		29	c. Licans	sa number			29d. Data si	gned (Month,	Dey, Yea	ar)
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	3	D. Neme end eddress	of person v				e, Print)						1, 11, 10	,	
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	4 -			W	-	Signature									



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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple.

ITEMS: 23 PART I, 27, PER MEO F'ILM G-738

State of Maryland / De

epartment	of Health and	Mental Hygiene	90
121 4 -	of Doodh		

21687

Physician
/Medical
Examiner

Funeral Director

permit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Heelth end Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, are Medical Examinar must be notled at once.

Baltimore, Maryland 21215-0020

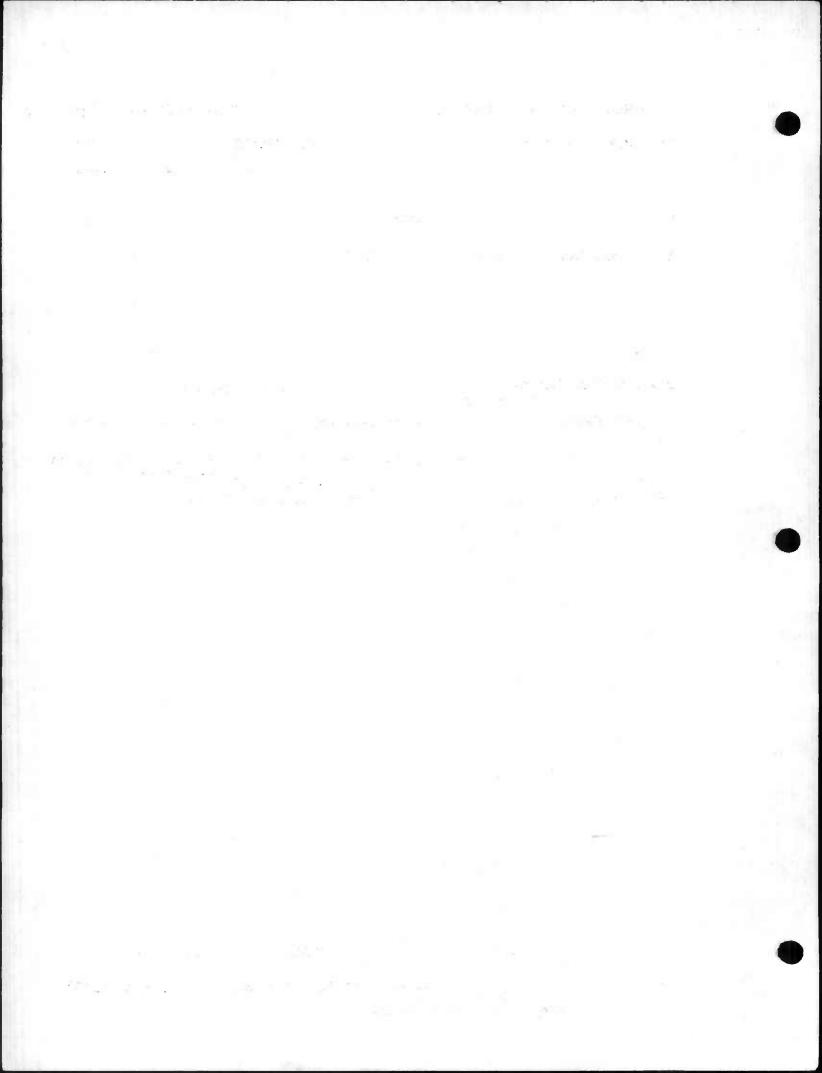
Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires thet the death certificete be executed within 24 hours after deeth.

To the Funeral Director: After this certificate hes been signed by the attending physician end completely filled in by the funeral director, page 2 should be detached for use as the buriel-trensit Division of Vital Records, P.O. Box 68760,

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	1. Decedent's Nem											2. Date of I	eeth De	ву	Yeer	3. Time of Deeth	
	DEQU		ntho	-	BAII	LEY						JULY		,199		10:07	
î	4a. Fecility Neme (If not institution	on, give	street end	number)					4b. City, To	wn, or l	ocation of De	eth 40	c. County	of Deeth		
	ST. ag									BALT						n/a	
	5. Social Security N	Number n/a		x]M 2□F		n yrs. last b		If Unde Months	r 1 Yeer Deys		24 Hrs. Min.	8. Dete of E (Month, L	irth Dev. Year	-)	9. Birthp	lace (State or For	
							Yrs.	2	10			May 5,	199	1996 Maryland			
ŀ	Usuel Residence o																
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ſ	10e. Street end Nu	mber						10f. Zi	p Code				10g. Ci	. Citizen of Whet Country?			
ı	114 Nunr	erv La	ane	An	ot. D			21	228					TTO	SA		
ŀ	11. Maritai Stetus	.027 .00		12. Wes Do	ecedent Ever	r in U,S.	13. V	-		Hispanic Ori	gin? (Si	pecify Yes or N	0-			an Indian,	
ı	Armed Forces' 1 Never Married 2 Married 1 Yes 2 M					2 KINO			ecedent of Hispanic Origin? (Specify specify Cuben, Mexican, Puerto Rica						k, White,		
l	3 Widowed			If Yes,	Give r Detes:		1	☐ Yes	20 No	Specify:				Specify:	Black		
ŀ		15. Deceder	nt's Edu			166	e Deced	ent's Heu	al Occur	netion			16b k	Kind of Bu	olacr	dunte.	
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-	Bryant A											Veshaw					
	19e. Informent's Na			rpe, Print)	mother	19	b. Meilin	g Addres	s (Street	t end Numb	er or Ru	ral Route Num	ber, City	or Town, S	Stete, Zip	Code)	
	Lakeyya		ut					unne		ane	Apt.	. Bal	timo	re, N	MD 2	21228	
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Registrar



Item1 7-23-96 FilmG737 W.H.Per F/H ITEMS: 16a,16b, PER WIFE FILM G-737 7/29/96 t.t

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, A													
Robert		ayton		Chris	stfie	eld			JULY 2		1996	YEAR	5:26 P
4. SOCIAL SECURITY NUMBER 221-20-8838	R 5.		6. AGE (In yrs.	last birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 H	MS.	7. DATE OF E Month, De Jan.	31, 1	934	s. BIRT	HPLACE (State or Foreign itry) Jersey
9a. FACILITY NAME (If not insti Fallston Gen	itution, give street leral Ho	and number) Ospital				L1st	OR LOCATION (OF DEA	тн		9c. COU	for	
RESIDENCE OF DECE	DENT 10b. COUNTY			I 404 CIT	Y, TOWN	00 1 004	HOL						10d. INSIDE CITY
Maryland		ford		100. GI		Bel	Air						1 TES 2 NO
1004 Lond	onderry	Drive				10	1. ZIP CODE	15				.S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 M M 3 Widowed 4 Divorc	erried	FORCES? 1 FYES, GIVE WAR	YES 2	ARMED		If yes, sp	CENDENT OF H Decify Cuben, M 3 2 X NO S	exicen,			or No-		CE — American Indian, ok, White, atc.
	DENT'S EDUCATION IN COMMENT OF THE PROPERTY OF				work done	during me	on ost of working	URAN		INSU			NCY/
17. FATHER'S NAME (First, Mid									E (First, Middl		_	0,000	
John G. Ch		ld							St				
19a, INFORMANT'S NAME (Тур				19b. MAILING	ADDRES	S (Street	and Number or i					Code)	
Viola E. Ch	ristfie	ld wife	e)				lerry D						21015
20a. METHOD OF DISPOSITIO 1 Derial 2 Cremation 4 Donation 5 D Other (5	3 🗌 Removal	from State		CEANDDATE	OF DISPO	SITION (N	ame of		DATE	20c. LOC	CATION -	City or 1	Town, State Maryland
21. SIGNATURE OF FUNERAL		SEE	10.000	11000	22	NAME A	ND ADDRESS	OF FACI	ILITY	-	1.0	,	lir, Inc.
1	1-	111			3	chun	uner t	une	ral H	ome o	0 6 B	el A	Wr, Inc. 10 21014
23. PART I. Filter the dis	easea, or com	plications that of	ceused the	death. Do	not ente	r the me	ode of dying.	auch	aa cardiac	or reapir	ratory an	rest,	Approximata
disease or condition	A A	Arterios	clero		ardio	vas							interval Betwe
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Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurn that initiated events resulting in death) LAST PART II. Other significant DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? 1 Netural 5 P 2 Accident 5 P 3 Suicide 6 C 4 Homicide 6 C 29a. CERTIFIER (Check only one) 2 MEDIC	a. A. A. A. A. A. A. A. A. A. A. A. A. A.	DUE TO (CO DUE TO (CO	DR AS A CON- DR AS	EATH Y LACE OF DEATH IN THOMES, deeth occur (I) (I) (I) (I) (I) (I) (I) (I) (I) (I)	ES STH (Check TH (Check ATH (Check A Nu ME OF JURY M street, fact tred at the ion, in my IE e, Print)	NO X conly one; R: Insing Hor 26c. IN U time, det	TUNCER DIRY AT ORK? YES 2 N Ce e and place, and death occured	TAIN TAIN ME	Part I. 244 1 1 28d. DESCRI 28f. LOCATIC City or R to the cause(e. WAS AN PERFORI	AUTOPSY MED? X NO NJURY OC and Number as steed due to 1' 29d. DAI	24 24 27 27 28 29 20 20 20 20 20 20 20 20 20	interval Betwee Onaat and Dail Dail Dail Dail Dail Dail Dail Dail

TO THE HOLDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HUNGAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-18 Rev 1/89

U. F

Physician

/Medical

Examiner

Funeral

Director

sa or 28a-f show

ms 23a

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Hygiene.

Herris

Director

Completed by Funeral

Be

2

4601

10a, Stete

MD

5. Social Security Number

10e, Straat and Number

3317

11. Marital Status

016-56-3150

Usuai Residence of Decedent

ANTHONY

JOANNE

mark

20a. Method of Disposition

Immediate Ceuse (Finai

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death Decedent's Name (First, Middle, Last)
 DERON 2. Data of Death 3. Time of Death COLEMAN ANTHONY Month 6:20 A 18 1995 JULY 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Daath BALTIMORE FRANKLINTOWN RD. n/a If Undar 1 Year 8. Date of Birth DEC. 6, 1971 7. Age (In yrs. lest birthday) 24 Yrs. If Under 24 Hrs. Hours Min. 9. Birthplace (State or Foraign NEW YORK Days Months 1 X M 2 F 10b. County 10c. City. Town or Location 10d. Inside City Limits BALTIMORE n/a 1 Wes 2 □ No 10g. Citizen of What Country?
UNITED STATES 10f. Zip Code 21216 **GARRISON** BLVD. Was Dacedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - American Indien, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ XVX if Yes, Giva Year or Dates: 1 Yes 2 No Specify: BLACK 3 Widowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) STORE CASHIER RETAIL 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) CHRISTIAN Κ. COLEMAN JOANNE 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zig Code) 47 ROCKAWAY ST., unit #2, LYNN, mass., 01902 COLEMAN 20b. Place of Disposition (Name of cometery, cremetory or other place)
OAKLAWN CEMETERY Date 20c. Location - City or Town, State XXBurial 2 Cremation 3 Removal from Stata ROSLINALE. MASSACHUSETTS 7 - 234 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Sarvice Licensell 22. Name and Address of Facility WM. C. MARCHF H.-1101 E. NORTH AVENUE WINWOON 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. Approximata Interval Between Onset and Death of Hend. wunds Due to (or as a consequence of): Due to (or as a consequence of): Due to (or es e consequence of):

the Meryland death filed within 72 hours after 21215-0020 .. Peges 1 and 2 should be filed w tment of Health and Mental Hygies tant: If Item 27 Is marked other ti lury or other traumatic event, In Baltimore, Maryland permit. Pege Department of Important: If any injury or once.

> **Physician** /Medicai **Examiner**

ne death certificete be executed pue buriel-trar O. Box 68760, the use es ettending O by the fords, Division of Vital Re The lay certificate or Attending Physician:

Physician/Medical þ Be Completed To

disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Was case referred to medical 1 XYes 2 No

27. Manner of Death 1 Natural

Certification:

29a. Certifier

in 24 hours after death.

In 24 hours after death.

the Funeral Director: After this c Medical To the Hosp within 24 ho To the Fune completely fi

> State Registrar

6 Could not be determined 28e. Piace of injury - At home, farm, street, factory, office building, etc. (Specify)

5 Pending Investigation

1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date end place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end placa, and due to the cause(s) and manner stated. 29b. Signatura and title of certifier

rower

1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

6

injury 16 KM

28a. Dete of Injury (28b. Time of (Month, Dey Year)

Sheet

- 18-96

29c. License number O.C.M.E

28c. fnjury at Work?

1 Yes

2 1 No

29d. Date signed (Month, Day, Year)
JULY 18, 1996 JULY

Franklinkun

6 Other (Specify)

Shot

28f. Location (Street end Number or Rural Routa Number, City or Town, Stete)

23b. Did tobecco use contribute to the cause of death?

3 Probably 4 Unknown

24b. Wera autopsy findings available prior to complation of causa of death?

1 Yes 2 No

SCENE

1 Yes 2 No

1 Yas 2 □ No

28d. Describe how injury occurred

subject

4601

24e. Was an autopsy performed?

28. Place of Death (Check only one)

Other: 4 Nursing Homa 5 Residenca

30. Name end address of person who completed cause of deeth (item 23a) (Type frint Penn Street, Baltimore, Maryland 21201

1000 0 31. Date filed (Month, Dey, Year)

2 Accident

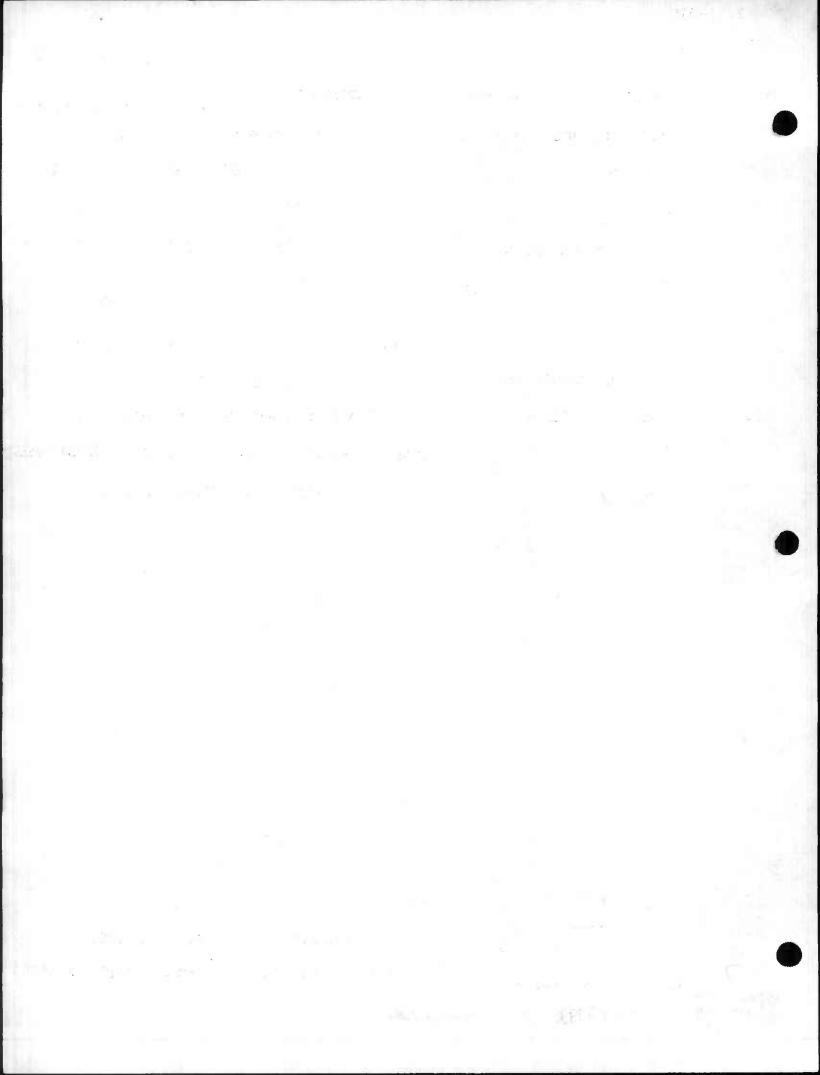
3 Suicide

4 Momicide

(Check only one)

AAF 88 1886

-32. Registrar's Signature with widow Randelle



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Helen (3ndwe) 1996 6330 JULY 22 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Sinai Hospite Baltimore City 5. Sociel Security Number If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 1 M 2 □XF 88 Yrs. 215-10-6268 Director Maryland Usuei Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2 No Md. Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ 2417 Cider Mill Rd. 21234 items 23a U.S.A. Funeral Pages 1 and 2 should be filed within 72 hours aftar death neart of Health and Mental Hyglene.
ntt: If fern 27 is marked other than "natural", or florns 23 any or other traumatic event, the Medical Examines must ny or other traumatic event, the Medical Examines must 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 11. Meritel Stetus 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) 12 Salesperson Department Store 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Frank Cardwell Mary E. Denny 19e. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) William O. Long 2417 Cider Mill Rd., Baltimore, Md. 21234 20b. Plece of Disposition (Neme of cametery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Druid Ridge Cem. July 24,1996 4 ☐ Donetion 5 ☐ Other (Specify) Pikesville, Md. 21. Signature of Funeral Servica Licant 22. Neme end Address of Fecility 21117 Eckhardt Funeral Chapel 11605 Reisterstown Rd., Owings Mills, Md. 23a. Part1. Ente shock, or h disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical immediete Cause (Finai 24 hours disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner requires that the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequenca of): physician s the burial Redords, P.O. Box 68760, Physician/Medicai Due to (or es e consequence of) Pert II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2)SNO 3 Probably 4 Unknown 1 ☐ Yes signed b p 24b. Were autopsy findings evellebie prior to Be Completed 24a. Wes en eutopsy performed? completion of cause of death? 25. Wes case referred to medical 28. Place of Deeth (Check only one) Hospitel: Inpatient Division of 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After or Attending 1 Neturei 2 Accident 5 Pending 24 hours after death. 1 Yes 2 No investigetion 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide Hospital (edicai 29a, Certifier Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and pieca, and due to the cause(s) end menner stated. To the Hosp within 24 hor To the Fune complately fi 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) Welkinson MD AS 240232 - JN 9035 JULY 22, 1996 and eddress of person who completed cause of death (Item 23a) (Type, Print) 2401 W. Belvedere Boltimore, MD 21215 Wilkinson MD housesteff

32 Alegigrer's Synappe 02

State Registrar

31. Dete filed (Month, Dey, Year)
JUL 23 1996

1 90 (Eq. 1003), 501 III . office a less thirt you in the constitution of My the post her we poster, in

TO THE HUSPIAL
TO THE FUNERAL E
be fleet within 78.8

re .	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	TATE OF MARYLAND	DEPARTM			MENTAL HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) HELEW I.	CULEM	AN			2. DATE OF OEATH DAY	1 199	3. TIME OF DEATH
	220-26-6135	SEX 6. AGE (In yrs. le	YRS. MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	June 4, 19	29 P	enthplace (State or Foreign Country) ennsylvania
OR	9a. FACILITY NAME (If not Institution, give street Mariner Health Ca		9b.	Laurel	R LOCATION OF OE	ATH	9c. COUNTY Prince	of Death Ce George
DIRECTOR	10a. STATE 10b. COUNTY Md. Carro.	11		wn on Locati				10d. INSIDE CITY LIMITS? 1 YES 2 Y NO
FUNERAL	100. STREET AND NUMBER 4031 Schalk Re	i. # 1		101.	21102			OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 12. 1 Never Merried 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMEO NO	If yes, spe		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No 14.	RACE — American Indian, Black, White, atc. Specify: White
PLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12)	DN 18e, D (iii)	ECEDENT'S USU Give kind of work b. Do NOT use ret Housewil	done during mos ired.)	N It of worlding	16b, KIND OF BUS		RY
E COMPL	17. FATHER'S NAME (First, Middle, Leet) Ambrese Elijal	a Cool			10. MOTHER'S NAI	ME (First, Middle, Maiden	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Betty Keeney	1				Noute Number, City or Town		
	20a. METHOD OF OISPOSITION 1 V Burlet 2 Cremetton 3 Removal 4 Donatton 8 Other (Specify)	from State Evers	of Disposition of Colors	em. Gar		Ly 23, 1996	Finks	or Town, Stata sburg, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENS Harth Ect	hardt		Eckha		eral Chape.		, Md. 21102
CERTIFICATION	23. PART i. Enter the diseases, or come hock, or heert fellure. List immediate cause or condition resulting in deeth) Sequentially liet conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A CONS	EQUENCE OF):	OU	de of dying, auci	n ea cerdiec or reepi	retory erreet	Approximate interval Between Onset and Death
MEDICAL	PART II. Other eignificant conditions of	notributing to deeth but not		1.2	g cause given in	Pert I. 24a. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		OSPITAL: Inpatient 2 ER/Outpatient	3 □ DOA	THER:	ACE OF DEATH (Ch	8 Other (Specify)		
ВУ РН	27. MeNNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OI INJURY	wo	URY AT RK? 'ES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCUR	ED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At l building, atc. (Specify)	home, farm, stree	t, factory, office		28f. LOCATION (Street and City or Town, State)	and Number or	Rural Route Number,
COMPLETED	one)	N: To the best of my knowledge, On the basic of examination end/o						suse(a) end manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER	206ans	MD		DZ 9	3	≥Od. DATE SI	GNED (Morth, Day, Year)
2	7243 Han	OMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Pri	6	noenk	elf, mo	1	
	31. DATE FILED (Month, Day, Year)	32. EGISTRADE SIGNATURA	Pandable					

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Charles Edward Cofiell 1996 July 17 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 43 Oakway Rd. TIMONIUM BALTIMORE If Under 1 Yeer If Under 24 Hrs.
Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) **Funeral** Birthpiece (State or Foreign Country) 1QM 2□ F Deys Yrs. Director 216-07-3919 79 June 7, 1917 MARYLAND Usuei Residence of Decadent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2♥ No MARYLAND BALTIMORE TIMONIUM 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Funerai 43 Oakway Rd. 21093 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ∰ Yes 2 ☐ No WWII. If Yes, Give Yeer or Detes: Wes Decadent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Rece - American Indien, Bieck, White, etc. 1 ☐ Never Merried 2 ☐ Married WHITE 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) 11 n/a Conductor Railway Industry 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) å William T. Cofiell Lottie B. Benson 19a. tnforment's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 22 Green Ridge Rd., Lutherville, MD 21093 Robert N. Cofiell 20b. Place of Disposition (Name of cemetery, cremetory or other place)
Grace U. Meth. Church 20e. Method of Disposition 20c. Location - City or Town, Stete 20 Pete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removei from State 4 Donation 5 Dollar (S JULY Cockeysville, MD 21. Signature of Fungsal Service Ligen 22. Name end Address of Fecility Lemmon Funeral Home of Dulaney Valley, Inc. 10 W. Padonia Rd., Timonium, MD 21093 The Effect the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart failure. List only one cause on each line. Intervei Between Onset end Deeth Immediete Cause (Finai Myocardial disease or condition resulting in death) Physician/Medical Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury thet initieted events resulting In deeth) Lest Due to (or es e consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Be Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 XNo 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Place of Death (Check only one)

Physician /Medical Examiner

Department of Important: If any Injury or

Peges 1 end 2 should be filed within 72 hours after death with the Maryland nent of Health end Mental Hygiene.
ant: If Item 27 is marked other than "natural", or Items 23s or 28s-f show ury or other traumatic event, the Medical Examinet man be notified at

21215-0020

Baltimore, Maryland

been signed by the attending physician and should be deteched for use as the burial-transit ew requires that the death certificate be executed

P.O. Box 68760,

Records, 村 Division or Attending s efter death if Director: An ed in by the fu

10 Certification:

Medical

within 24 hours e To the Funeral I completely filled

Hospitei: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation 1 Naturei 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Certifying Phyelcian: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as attended.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated. (Check only 29b. Signetyre end title of certifier 29c. License number

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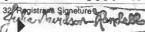
29d. Date signed (Month, Dey, Yeer) 7-20-96.

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

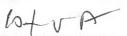
Susan Weiner, M.D.

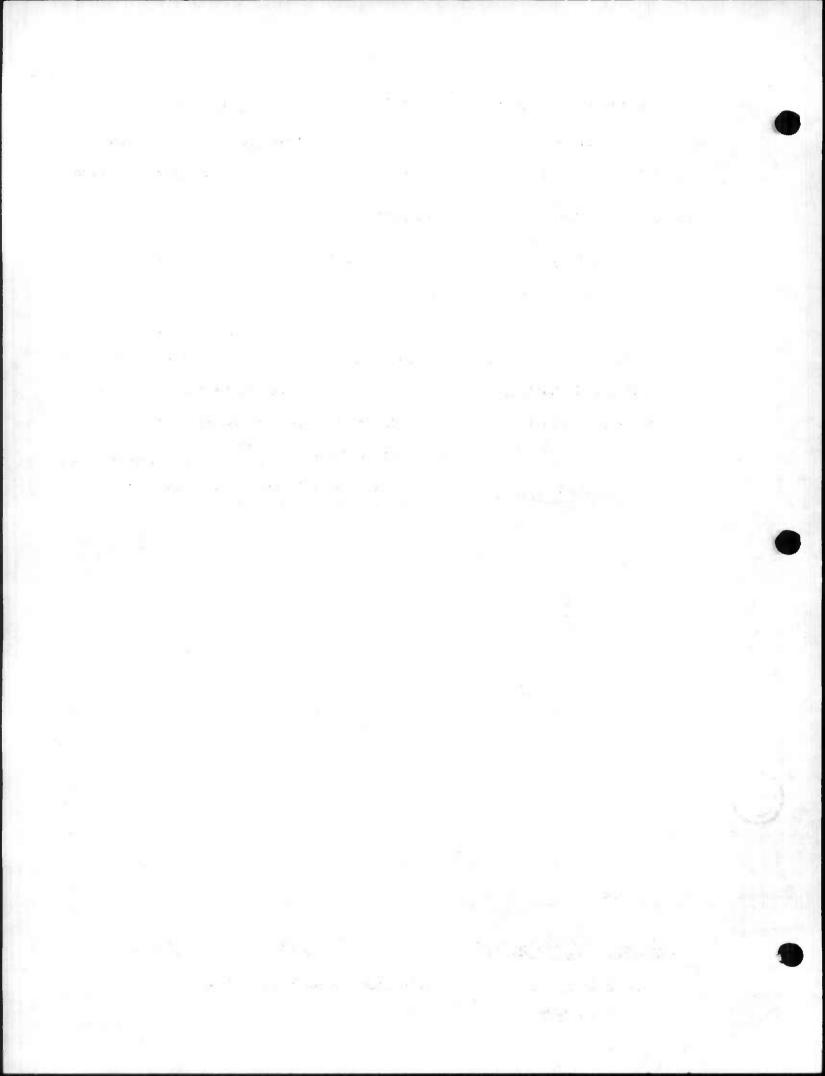
5601 Loch Raven Blvd., Balto., MD

State Registrar 31. Dete filed (Month, Day, Year)
JUL 23 1996



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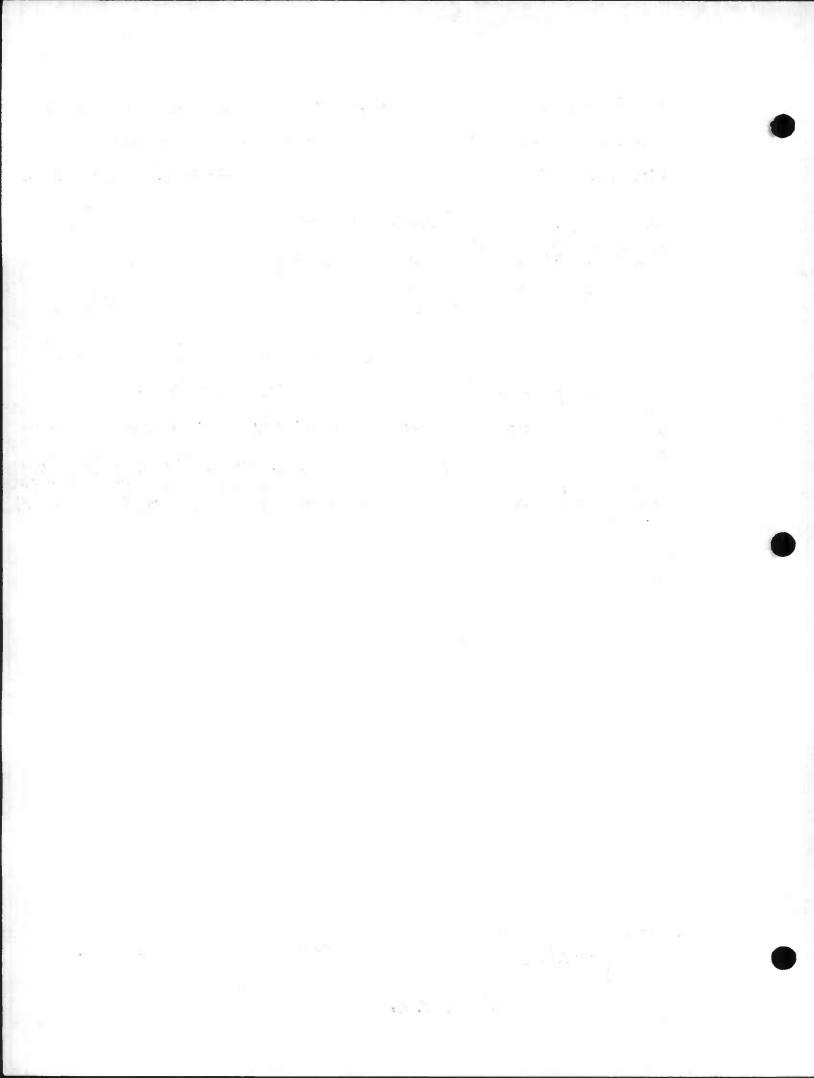
Item1 7-23-96 FilmG737 W.H.Per F/H Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Leath Month Year **Physician** PUYEAR COB B DYUL 18 1996 JULY /Medical 4a. Facility Name (If not institution, give street and number) 4b. Cify, Town, or Location of Deeth 4c. County of Death Examiner MARMLAND BALAMURE UNIVERSIM OF If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Sociel Securify Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country) **Funeral** Hours 219-301305 1 2 M 2 □ F Director -16 nglaplina Usual Rasidance of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, she Medical Examiner must be nothed at Yes 2□No Director 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code 8 Funeral 12. Wes Dacedant Evar in U,S Armed Forcas? 1 Yes 2 No 3-14 If Yas, Giva Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) Rece - Amarican Indian, Black, Whita, atc. 11. Meritel Stetus orcas? 2□No 3-2453 72 hours aftar 1 ☐ Nevar Married 2 Married Saltimore, Maryland 21215-0020 "natural", or 1 □ Yas 2 No 3-16-55 ð 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry oe filed within 7 al Hygiena. Eiamantary/Secondagy (0-12) Collega (1-4or 5+) ducation 0 0 17. Father's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) 12 should be find and Mental H Be 19a. informant's Name/Ralations p (Type, Print) 19b. Mailing Addrass (Street and Number or Rura Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is m sny injury or other traum once. 385 tanne 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata Burial 2 Cremetion 3 Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Sarvice Licansee 23a. Part1. Entar tha disaasa, or complications thet causad tha daath. Do not antar the mode of dying, such es cardiac or raspiratory arrest, shock, or haart failura. List only ona causa on aach lina. Approximate Intarvai Batw **Physician** /Medical Immediata Causa (Final MANIOTO disaasa or condition rasulting in daath) SEACE **Examiner** Dua to (or es a consequança of): Examiner BY PASS TRAFINE 10 Hours physician and s the burial-transit Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Cause (Disaase or injury that initiated events resulting In daath) Lest Due to (or es e consequance of): Box 68760 certificate be Physician/Medical Dua to (or es a consequance of): 88 the attending usa ò Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. signed by t 1 Tyes 2 No 3 Probably 4 Unknown Š 24b. Wera autopsy findings aveilable prior to compiation of cause of death? 24a. Was en autopsy performed? Completed peen page 2 has 1 Yas 2 ₽No 1 ☐ Yas Vital octor, Be 25. Was casa rafarrad to madical axaminar? 26. Piaca of Death (Check only one) Othar: 4 Nursing Homa 5 Residence 8 Other (Specify) To 1 Yas 2 No 1 ☑ ffipatiant 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Data of injury (Month, Day Year) 27. Mennar of Death 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? Certification: 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datarmined 3 Sulcida Place of injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicida To the Hospital within 24 hours a To the Funeral I 1 Certifying Physician: To the best of my knowledga, daath occurred et tha tima, data and placa, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end mannar stated. Medical 29a. Certifian (Check only one) 29b. Signifiers and title of certifie 29c. Licansa number 29d. Date signed (Month, Day, Year) DUBOIT 18 Jum 1996 30. Nama and address of person who complated cause of deeth (item 23e) (Type, Print) somem. CK UNIV. MARYLAND bouter (negus 55. BALM mone. Mo. State

Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Month MARGARET COOK 19, 1996 JULY /Medicai 5:30 A.M 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** CHESAPEAKE MANOR NURSING HOME ARNOLD ANNE ARUNDEL 5. Sociel Security Number If Under 24 Hrs. If Under 1 Year 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Birthplece (State or Foreign Country) **Funeral** Deys Year 1 M 2 XF 89 138-20-1989 Yrs. Director 09-06-1906 NEW JERSEY Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 No 289-1 MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? ö must be Items 23a 902 ROSE ANNE ROAD 21060 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. Marital Status 14. Rece - American Indian, r than "natural", or iten the Medical Examiner. Black, White, etc. filed within 72 hours after 1 ☐ Never Married 2 ☐ Married Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify: WHITE Completed by 3 ₩ Widowed 4 Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) NONE PRACTICAL NURSE HOSPITAL 17. Fether's Name (First Middle Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be 1 and 2 should be and Mental FRANCIS X . BRIGHTON 2 ELIZABETH 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) SHIRLEY TREAS (DAUGHTER) 902 ROSE ANNE ROAD, GLEN BURNIE, MARYLAND 21060 If light 27 e, 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) CHESAPEAKE CREMATORY, INC. 7/22/96BELTSVILLE, MD. 21. Signeture of Eugeral Service Licensee 22. Name end Address of Fecility SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MARYLAND 21061 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear feilure. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel / week disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be axecuted Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury the burial-tran P.O. Box 68760, Physician/Medical thet initieted events resulting in deeth) Lest Due to (or es e consequence of) for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t d be datach 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of death? certificate has 2 19 No 1 Tyes 2 □ No or Attending Physician: 25. Wes case referred to medical exeminer? Be 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending investigation 1 Naturel death. 1 Yes 2 No 2 Accident after death 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide within 24 hours a To the Funeral D edicai 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end manner steted. (Check only one) 29b. Signeture end title of certifier 29c. License number D21684 Attenday Doctor Wymae M9 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

C-V. CYRIAC M.D 1600 CRAIN WY \$106 GLRNBURNIR 31. Dete filed (Month, Dey, Year) State 23 1996 Registrar

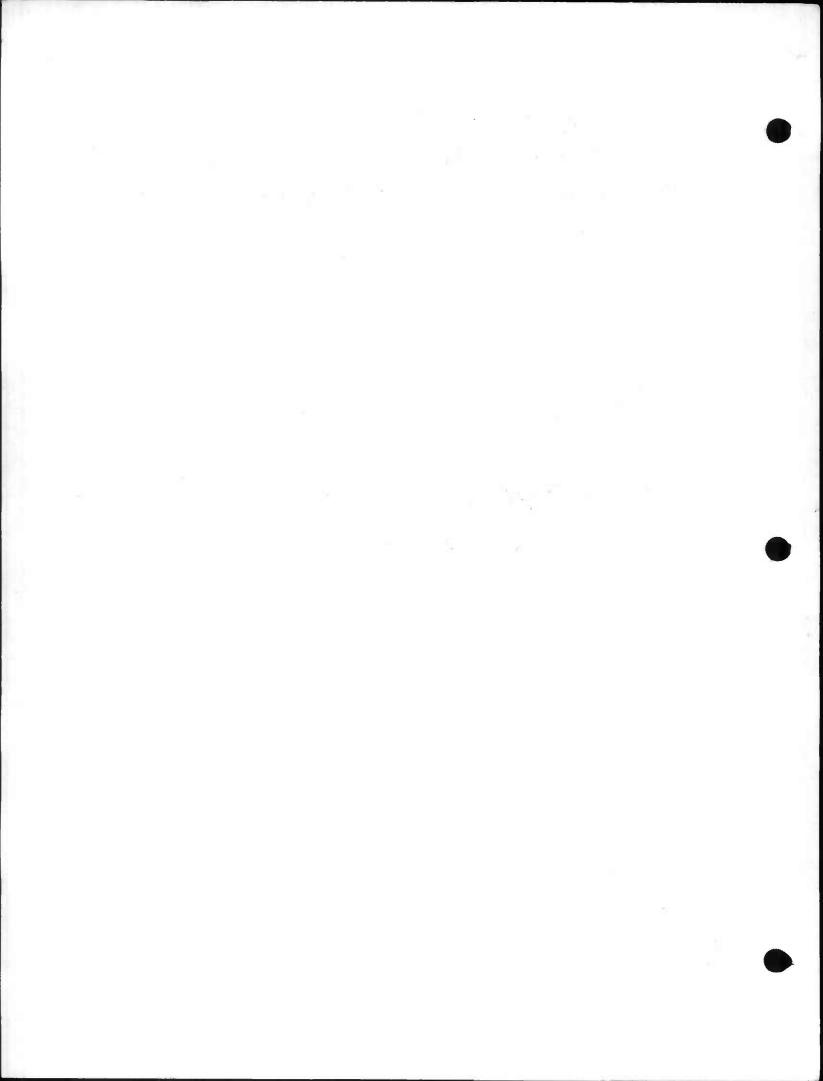
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institute. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should us after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal. 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 H ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 6876

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA			MENTAL HYGIEN REG. NO	_	
	1. DECEDENT'S NAME (First, Middle, Last) PAUL C	CONN	ER			2. DATE OF DEATH DOWNTH	ř ď	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5 79-05-8379	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) VIRGINIA
OR	Pleasant Vie	A STATE OF THE STA	Home 1	nt,	Airy, M	aryland	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
	Md. Fred	lerick	F	reder	ick ZIP CODE		Lan OITITEM	1 YES X NO
FUNERAL	5305 Allingt	on Manor C	+		1703			Δ
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DAY ARMY WWII	U.S. ARMED 2 NO	13. WAS DEC	ENDENT OF NISPAN	IIC ORIGIN? (Specify Yan, Puarto Rican, etc.)	s or No 14.	RACE — American Indian, Black, Whita, etc. Specify:
9	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S US (Give kind of work life, Do NOT use n	done durina mo	DN sI of working	16b. KIND OF BU		hite RY
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Electri		echanic	Atlas	Vend	ina
COMPL	17. FATHER'S NAME (First, Middle, Last)		2400022		18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE	Grover Carter 198, INFORMANT'S NAME (Type/Print)	Conner	19b. MAILING AC	DRESS (Street a		arie Bog		(N) 21702
임	Michael Conner					or Ct. F		41/03
	20a. METNOD OF DISPOSITION 1	oval from Stata ceme	PLACE AND DATE OF I etery, cremetory or other arroll C	place)				or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC		arrorr C	remat 22. NAME AN	ID ADDRESS OF FA	CILITY		ead, Md
	Harry W. 7	taraht				Haight Sykesvi	lle,	MD21784
	23. PART I. Enter the diseases, or abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)		the death. Do not sch line.			Accio		Approximate interval Between Onset and Daath 2 Hour
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition Cozowary	one contributing to death but		the underlying	g cause given in	Pert I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 YES 2 NO
N.	DID TOBACCO USE CONT				UNCERTAI	NX		
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	se 5 🗍 Rasidence	6 Other (Specify)		
ву рну	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJ	DURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Speci	— At home, term, stre	et, factory, offic	•	261. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	cont. only	ICIAN: To the best of my knowless: On the basis of exemination						euse(a) end manner as stated.
BE	296. SIGNATURE AND TUPE OF CENTIFIE				29c. LICENSE NUI			IGNED (Month, Day, Year) - 18 - 96
٥	30. NAME AND ADDRESS OF PERSON WE	11 80	1 Tou		E AVE	e. Pre	EDER	HCK
	31. DATE FILED (Month, Day, Year) JUL 2 3 1996	32, REGISTRAR'S SIGNI	Mandelle					



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State of Maryland / Department of Health and Mental Hygiene 95 2 1696

Physicia // Medic. Examine Director broad at part per per per per per per per per per per	al	1120110120	ALAN		D 2 37				2. Date of Dea			3. Tima of i	Docth
Examine Funeral Director		A Company of the Comp			DAY		DAY			Day Your		8:00	ima of Death
Funeral Director		1411 Glenwil	A. Fallin Name (March 1994)							Jul. 17, 1996 0:0 Location of Death 4c. County of Deeth			
Director			de Road	l				Catons	sville Baltimore				
r 28a-f show		5. Sociel Security Number 507-20-6779 Usuel Rasidance of Decedant	Sax 1XM 2□F					If Under 24 Hrs. Hours Min.	8. Data of Birl (Month, De JUNE 23	th y, Year) 3, 1927	9. Birth Cou OMAH	olace (Stete or otry) A, Nebi	Foreign rask
7 28a-f s		10a. Stata 10b. County		10c. C	ity, Town or Lo	ocation			10d. Insida City Limits				
5 2 5	Funeral Director	Maryland Balti	more	C	atons	ville	9					1 🗆 Yes	2 √No
2 0 2	급	10e. Street end Number		10f. Zip Code						10g. Citizan		ntry?	
ns 23	erai	1411 Glenwild									S. A.	can indian	
urs after al', or he	þ	Never Merried 2 Married 3 Widowed 4 Divorced	1 X Yes If Yas, Giv	12. Was Decedant Evar in U,S Armed Forcas? 1 XYes 2 No If Yas, Giva Yeer or Detes: WWII ducation ada complated) Collega (1-4or 5+) 4 YRS		1 ☐ Yas 2 ☐ No Specify: 16a. Decedent's Usual Occupation (Giva kind of work done during most of lifa. DO NOT usa retired)			f working 16b. Kind		Bleck, White, etc. Specify: White Kind of Businass/Industry		
c - 4	Completed	15. Decedant's (Specify only highest of Elemantary/Secondary (0-12)	grada complated)										
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h and Men		19a. Informant's Neme/Relationship BILLY DAY (COUS)			_	•		Number or Rural Routa Number, City or Town, State, Zip Code) OUP CITY, NEBRASKA 68853					
ges 1 and 2 should be filled within tof Health and Mental Hygiena. If item 27 is marked other than or other traumatic event, the Mental Health and the market and the Mental Health and the Mental Health and Second		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cremation 3		20b. Place of Disposition (Nama of					Data		n - City or To	own, Stata	
tant: I		4 Donation 5 Other (Spe	cify)	WOODLAWN CEMETERY						BALTI	MORE	MD	
permit. Page Department of Important: If any injury or once.		21. Signature of Funeral Service bio	Thom	0304				ss of Fecility INERAL HO INS AVENU			, MD	21229	
g physicia as the bur	Medicai Examiner	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Last	Due to (or as a consequence or as e consequence or as	Juence of):	A. CV	Myoca 8	MA	Jon C.X	en	10 y	``	
tha death certified by the attending fached for use as	Physician/M	Part II. Other significant conditions	contributing to de	ontributing to death but not rasuiting in the underlying cause given in Part I.						/		the cause of	
1 G 1	by Ph									1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknow			Inknow
R estoud	Completed		· *						24a. Wes perfo			alleble prior to implation of ca	
									101	res 2 12 No	1 (□Yas 2□N	40
	Be	25. Was case ratarred to medical examiner?	Hospital: Other: Other: A College of Death (Check only ona)										
	2: 10	1 ☐ Yas 2 ☐ No 27. Manner of Death	28a. Date o	1 Inpatient 2 LD-ER/Outpatient 3 IDOA 4 INursir					ng Homa 5 ☐ Aasidance 6 ☐ Othar (Specify) 28d. Describe how injury occurred				
affer death. Director: After	Certification:	1 Naturel 5 Panding 2 Accident investigat 3 Suicide 6 Could not datamine	of Injury - At h	At homa, farm, street, fectory, office Injury Work? 1 □ Yes 2 □ No				28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)				er,	
	edical Cel	(Check only 2 Medical Ex	Physician: To the	bast of my kno	owledga, daath	occurred e	t tha tin	na, data and pleca pinlon, daath occu	, and due to that	causa(s) end	mannar as s	tated.	
within 2 To the	Med	(Check only one) 2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, da and mannar stated. 29b. Signature and this of certifier 29c. License number							29d. Deta signed (Month, Day, 1)				
Bx ,		30. Name and addrage of person	plated caus	a of death (iter	23e) (Type,	Bring H	R	Ca		,,			

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State of Maryland / Department of Health and Mental Hygiene 96 2169

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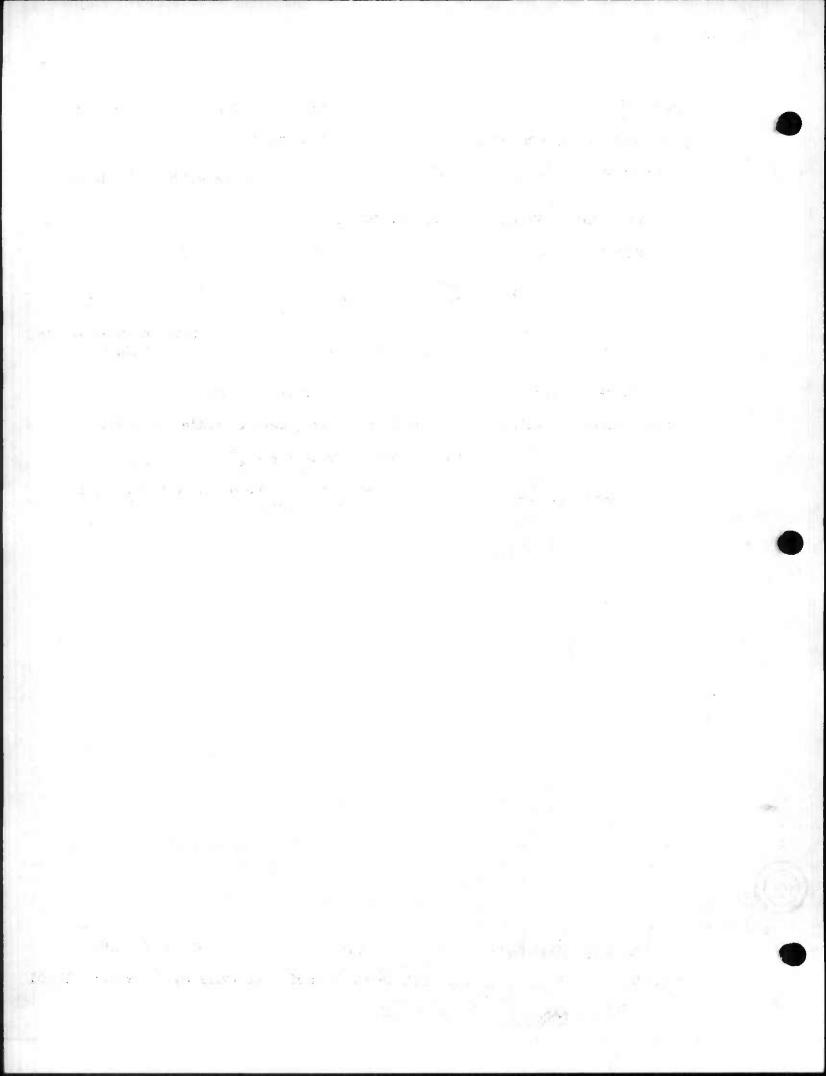
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEM: 1. PER F'.H. FILM G-737 State of Maryland / Department of Health and Mental Hygiene 7/23/96 t.t Film G738 item 4 per FH 8-1-96 rja Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** FOLEY ROBERT WILLIS FOLEY, SR. 7:33PM JULY /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street and number) 4c. County of Death Examiner ANNE ARUNDEL NORTH ARUNDEL HOSPITAL GLEN BURNIE If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth 18/18 9. Birthplece (State or Foreign **Funeral** Deys 1⊠M 2□ F Yrs. Director 216-10-2696 MARYLAND Usuel Residenca of Decedent filed within 72 hours after death with the Maryland 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits rthan "natural", or Items 23s or 28s-f show the Medical Examiner must be notified at ANNE ARUNDEL GLEN BURNIE MARYLAND 1 ☐ Yes 2 XNo Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21061 U.S.A. 6518 PAMPANO DRIVE Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian. 11. Maritel Status Bleck, White, etc. 1 ☐ Yes 2X No If Yes, Give 1 Never Merried 2 Merried 1 ☐ Yes 2 ♥ No Specify: à 3 ☐ Widowed 4 ☐ Divorced Yeer or Detes: WHITE Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) WESTINGHOUSE 0 SHIPPING CLERK 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Pages 1 and 2 should be fill ment of Health and Mental Hanti II flam 27 is marked oth lury or other traumetic even Be FOLEY MARY JOSEPH (UNKNOWN) 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 308 SKIPPER LANE, CHESTER, MD 21619 ROBERT WILLIS FOLEY, JR. (SON) altimore, 20a. Method of Disposition 20b. Plece of Disposition (Name of 20c. Location - City or Town, Stete 1 □ Burial 2 □ Cremation 3 □ Removal from State 7-23 Department of Important: If any injury or other. 4 ☐ Donation 5 ☐ Other (Specify)) CEDAR HILL CEMETERY 1996 BROOKLYN PARK, MD 21. Signature of Surferal Service License 22. Name end Address of Fecility SINGLETON FUNERAL HOME 1 SECOND AVENUE S.W., GLEN BY or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, List only one cause on each line. GLEN BURNIE, MD 21061 23a. Part1. Epter the Approximate tntervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final PNEUMONIA disease or condition resulting in deeth) **Examiner** _Due to (or as a consequence of):
ROINIES (INAL BLEEDIN G Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last O-Box 68760 Physician/Medical Due to (or es e consequenca of): 198 Pert it. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Division of Vital Records, 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24a. Wes an autopsy performed? 2 NO 1 ☐ Yes 1 □ Yes 2 □ No certificate 25. Was case referred to medical 89 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 22 No Inpatient 2 ER/Outpatient 3 DOA ä 28e. Dete of Injury (Month, Dey Year) Certification: 27. Mannegof Death 28b. Time of 28c. injury et Work? 28d. Describe how Injury occurred 1 DNatural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) affar Direct 4 Homicide To the Hospital or within 24 hours at To the Funeral Di completely filled i Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the bests of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medical 29b. Signature and title distantiles 29c, License number 29d. Dete signed (Month, Day, Year) MOUSE SIAFF
The completed cause of death (Item 23e) (Type, Print) 30. Nāma 4 NORTH ARMADEL HOSPITAL, 301 HOSPITAL DRIVE GLEN BURNE K. GARUBAMD 31. Dete filed (Month, Dey, Year)

JUL 2 3 State Registrar

William Same ・ 関係では、 (4.66) コミドル・ボ g (24) A REPORT OF THE PROPERTY OF TH Press A The San Carlo Carl

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Lee Jay Fletcher July 22, 1996 0600 /Medical 4a. Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death Examiner 4c. County of Death Anne Arundel Medical Center Annapolis Anne Arundel 7. Age (In yrs. last birthdey) If Undar 1 Yaar | If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** M 2□ F Months Days Hours 227-24-6151 Yrs. Director Aug. 14, 1924 Virginia Usual Residence of Decedent 10a Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits MD Anne Arundel Annapols Director 1X Yes 2 □ No the Medical Examiner must be notifi-10e. Streat and Number 10f. Zip Code 10g. Citizen of What Country? 'natural', or items 23s or 106 Severn Drive 21401 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 132Yes 2 □ No If Yes, Give WWII Year or Datas. 13. Was Decadent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11 Marital Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: White À Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Auto Mechanic State Employee 10 permit. Pages 1 and 2 should be fits.
Department of Health and Mental Hy, important; if flew 27 is marked other any injury or other 11-17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Lonnie T. Fletcher Emma Keyes 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Ruth Fletcher 106 Severn Drive, Annapolis, MD 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from Stata Maryland Veterans Cem. 7/24/96 Crownsville, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service 22. Nama and Address of Facility Hardesty Funeral Home, P.A. 23a. Part 1. Enter the disease, or complications that caused the seath. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final Mespirator disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner Dua to (or all consequenca of) cancer The law requires that the death certificate be axecuted physician and s the burial-tran Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or injury that letted sustained assets) Box 68760 Physician/Medical that initiated events resulting in death) Last Dua to (or as a consequence of): 88 usa P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobecco use contribute to the cause of death? signed by 1 | Yes 2 | No 3 | Probably 4 | Unknown cancer Records, þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 certificate 1 Yas 2 No 1 ☐ Yes 2 No of Vital or Attending Physician: the funeral director. Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2♥ No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 this 27. Manner of Death 1 Natural Date of injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After t Division 5 Pending Invastigation 24 hours after death. Funeral Director: A 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide in by t 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital 29a. Certifier 1 Certifying Physicfan: To the best of my knowledga, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the causa(s) and manner stated. Medical To the Hosp within 24 hou To the Fune completely fi 29b. Signature and title of cartifier 29c. License numbar 29d. Date signed (Month, Dey, Year) PLLS and address of person who completed cause of death (Hem 23a) (Type, Print) Roso, Annapoli, mo 21401 Beutgale

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DHMH 16 Rev 6/95

State Registrar 31. Date file (Month, Day, Year)
JUL 23 1996

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DAY

1996

2. DATE OF DEATH MONTH

July 20,

7. DATE OF BIRTH

9-19-1901

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

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Faust

YRS

8. AGE (In yrs. last birthday)

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30. NAME AND ADDRESS OF

31. DATE FILED (Month, Day, Year)

23 1996

DIRECTOR Pages 1, 2, 3 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland N/A Baltimore permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 1216 Evesham Ave. burial-transit 21239 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 TES 2 NO Specify BY 3 X Widowed 4 Divorced as the ETED 18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete use (Spe for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Homemaker 10 detached once. 17. FATHER'S NAME (First, Middle, Last) pe notified at BE Pierre Blistin page 5 should 19a. INFORMANT'S NAME (Type/Print) 2 Loretta B. Malik (Daughter) 1216 hours after death. Page 6 may be pe 20a. METHOD OF DISPOSITION

5 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must t funeral director, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wallace filled in by the f medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock, or haert failure. List only one cause on each line. 6 **IMMEDIATE CAUSE (Fine)** the letastatic Carcinoma of the Breast cremation. disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): BOX 6876 and com other traumatic CERTIFICATION Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to requires that the death certificate be CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 10 injury, RECORDS, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL P Pre any signed the Shows has been s Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO LUNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL this certificate h Item HOSPITAL : OTHER: 1 YES 2 210 1 Dinpetient 2 ER/Outpetient 3 DOA 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? is marked, 1 Natural TO THE HOSPITAL OR ATTENDING PHE TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If term 28 is marks 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, etreet, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 1 Notes the best of my know death occurred at the time, date and place, end due to the cause(a) and menner as stated. 2 I ME ICAL EXAMINER: On th 29b. SIGNATURE AND TITL OF CERTIFIED BE

Berthe

5. SEX

1 | M 2 | | F

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

RESIDENCE OF DECEDENT

9e. FACILITY NAME (If not institution, give street and number)

Holly Hill Manor

4. SOCIAL SECURITY NUMBER

213-74-6215

should

96 21703

3. TIME OF DEATH

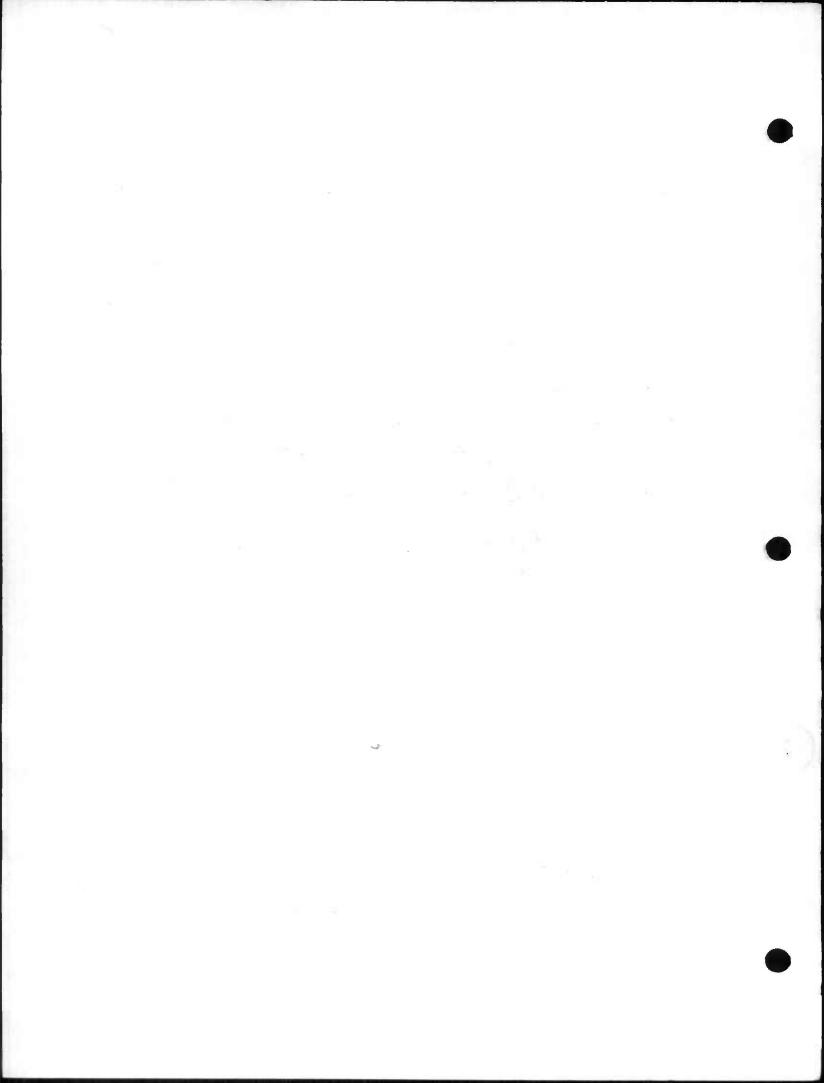
8. BIRTHPLACE (State or Foreign

France

12:20 P.

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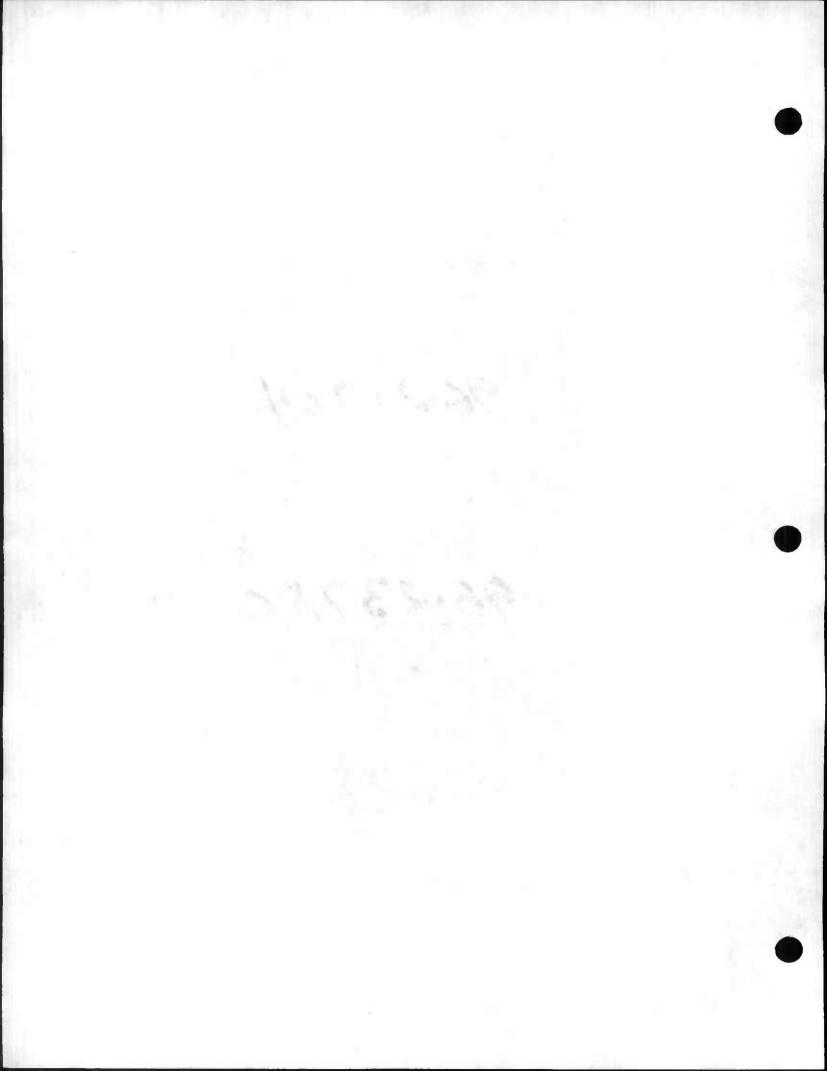
9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Baltimore 10d. INSIDE CITY 1 XXYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U. S. A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yea, specify Cuban, Mexican, Puerto Rican, etc.) Specify:White 16b. KIND OF BUSINESS/INDUSTRY Own Home 18. MOTHER'S NAME (First, Middle, Maiden Surname) Berthe Jouquez 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Evesham Ave., Baltimore, Maryland 21239 OATE 20c. LOCATION - City or Town, State Bulaney valley Mem. Gards. 7-23-96 Timonium, amryland Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 21204 Approximate intarval Between Onset and Death ain 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 Line 1 YES 2 NO irsing Home 5 Residence 8 C Other (Specify) 28d. DESCRIBE HOW INJURY OCCUREO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) on and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(a) and mennar as stated. 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 1 22 July 96 -17041 Marc Leavey, M. D. 7600 Osler Drive, Towson, Maryland 21204



VOID
CERTIFICATE # 96-21704

SEE

CERTIFICATE M 96.2378C



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Deta of Death 3. Time of Deeth Month Year MELVIN F. **GITTINGS** July 22, 1996 1:25 AM 4b. City, Town, or Location of Death 4c. County of Death TOWSON, MD BALTIMORE

Funeral Director

Physician

/Medical

Examiner

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or itema 23s or 28s-f show any injury or other traumatic event, the Medical Experience.

Physician /Medical Examiner

Examiner

Physician/Medical

P

Completed

Be

2

Certification:

Medical

the burial-traphysiolan and attending signed by the a Deen No. certificate 臣 Añar death. d or Attend after death Director:

Division of Vital Records,

To the Hospital o within 24 hours at To the Funeral Di

ř

4a. Facility Neme (If not institution, giva street end number) SAINT JOSEPH MEDICAL CENTER If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) April 30, 1918 If Under 1 Year 5. Social Sacurity Number 6. Sex 7. Age (In yrs. last birthday) 1 M 2□ F Months Days Yrs. 216-03-7209 Usual Residence of Decedan 10e. State 10b. County 10c. City, Town or Location Maryland Directo Baltimore Baltimore 10e. Street and Number 10f. Zip Code 21236 3999 Kahlston Road 12. Was Decedent Ever In U,S. Armed Forcas? 1 X Yes 2 No If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Never Merried 2 Marriad 1 ☐ Yes 2 No Specify: à 3 ☐ Widowed 4 ☐ Divorced Yaar or Detes: WW II Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondery (0-12) Collega (1-4or 5+) Lead Crane Mechanic 8th grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Winfield Gittings Mary 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Richard J. Gittings 4148 Rupp Road, Millers, MD (son) 20b. Place of Disposition (Nema of cemetery, crametory or other place) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removel from State 4 □ Donotion 5 Ø Other (Specify) Entombment Gardens of Faith Maus. 7/24/96 Baltimore, Maryland 22. Nama and Address of Fecility
Schimunek Funeral Homes, Inc. 21. Signatura of Funerel Service License 9705 Belair Rd., Baltimore, MD 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, chock, or heer feilure. List only one cause on each line. Immediete Ceuse (Finel ACUTE MYOCARDIAL INFARCTION disaese or condition resulting in deeth) Due to (or es e consequence of): Sequentially list conditions, if eny, leading to immediata cause. Enter Undarlying Cousa (Disaase or Injury that Initiated events rasulting in deeth) Last Due to (or es a consequence of) Dua to (or as a consequence of).

Intarvel Between Onset and Death 2WEEKS Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

RENAL FAILURE 24b. Wera autopsy findings aveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 ☐ Yes 2X No 1 ☐ Yes 2 X No 25. Wes case referred to medical 28. Plece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Impatient 2 ER/Outpetlent 3 DOA

28c. Injury et Work? 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 1 Netural 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Suicida 28e. Plece of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 \ Homiclda

tix Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, end due to the ceuse(s) and manner as stated.

2☐ Madical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end place, end dua to tha causa(s) end manner steted. 29a. Certifier (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signatura end title of certifier 29c. License number

D 30263

TOWSON, MARYLAND

7-22-96

21204

9. Birthplece (State or Foreign

10d. Inside City Limits 1 ☐ Yes 2/☐ No

Maryland

10g. Citizan of What Country?

16b. Kind of Business/Industry

Steel Company

20c. Location - City or Town, Steta

Klima

U.S.A.

Race - American Indien, Bleck, White, atc.

White

Approximata

30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

FRANCIS KHOO, MD

31. Dete filed (Month, Day, Year)
JUL 2 3 1996

7620 YORK ROAD 32, Registrer's Signa

Registrar

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

						Cer	titicate	OT .	Death			Reg. No.			
hysician		. Decedent's Nama (First, Middla, L									2. Data of De Month	Dav	Year		e of Death
/Medical	-	John Joseph God1									July		1996		:10 AM
xaminer		a. Facility Nama (If not institution, g VA MHCS FORT HOW			ON				4b. Сity, То Ваlti				Balti		
neral ector	2	i. Social Security Number 6. 216-24-8807 Usual Rasidanca of Dacedant	Sex 10XM 2□F		(In yrs. last bir	thday) Yrs.	If Undar 1 Months	Yaar Days	If Under Hours	24 Hrs. Min.	8. Data of Bi (Month, Di July 2	th 4, 1929	9. Birth Cou Man	place (Stantry) rylan	ata or Foreign
notified at	1	Oa. Stata 10b. County Maryland N/A			10c. City, Town										ie City Limits
al Direc	1	10e. Street and Number 2421 Arbuton Ave	enue				10f. Zip Co					10g. Citizen o		ntry?	
Examiner m		1. Merital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Dec Armed F 1 XYas If Yas, G Yaar or	orcas?			/as Dacedan Yas, specify		lispanic Orl an, Maxican Specify:	gin? (Spe , Puarto	ecify Yas or No Rican, atc.)	1	aca - Amari lack, Whita	atc.	n,
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other traume	1	19a. Informant's Name/Ralationship Stewart Godlewski				1						Rd, Hill	1. 1. 1. 1.		63050
ance		Oa. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 4 ☐ Donation 5 ☐ Other (Space	ify)	Stata		y, cram Cros	ss Cem	ete	ery		Data 7 / 23	20c. Location Brookly			
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ician dical niner	1	23a. Part I. Enterthe dubase, or con shock, or heart failure. List only mmediate Causa (Final disaasa or condition asulting in death)		tast	atic Lu	ıng	Cancer		ng, such as	cardiac o	or raspiratory a	rrest,		Onset a	mata Batween and Death
iel-transit Examiner	95	Sequentially list conditions,	b. ———		Oua to (or as a c										
use es the buriel-transit Wedical Examir	U	Sequantially list conditions, fany, laading to immediata ausa. Enter Underlying Cause (Disaase or injury hat initiated events asulting in death) Last	c	С	Dua to (or as a c	onsequ	ance of):								
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fune	2	7. Mannar of Death 12 Natural 5 Pending 2 Accident Invastigation 3 Suicide 6 Could not be datamined	e 28a. Plac	e of Inju	ry - At homa, fai	njury	М		yat k? Yas 2⊡I	Vo	28f. Location (how Injury occ		al Routa I	Number,
completely filled in by the		9a. Certifiar 1 Certifying Pi	build	ling, atc.	(Specify) my knowledge,	, death	occurred at t	ha tin	na, data and	d place, a	City or To	causa(s) and	nenner as :	steted.	
nplataly fill		(Check only 2 Medical Exa	miner: On the t	asis of	examinetion end	Vor Inva	astigation, in	my o	pinion, deat	h occurre	ed at the tima,	date and pleci	e, and due t	tha cau	
₩ >		50. Signature and little of Ceruffier	Zhedic	al c	Aicei of	the	Day	cans	a number)4714	8		29d. Data algr	ned (Month,	Day, Yes	796
5	34	O. Name and address of person who Ricardo Osorno.			ah (Item 23a) (North Po			F	ort H	owar	d. MD	21052			
State	3	1. Due fied (Month, Day, Year)			's Signature			_							

The Travelline of Section 2. The second and the sec

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene MED FILM G-739 9/10/96 t.t 21707 Certificate of Death 1. Decedent's Name First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth **Physician** Month en /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner em If Under 1 Year If Under 24 Hrs. nore 7. Age (in yrs. last birthdey) Social Security Number 6. Sex Birthpiece (State or Foreign Country) **Funeral** 1 □ M 2 □ Deys 2/7-05-9765 Usual Residence of Decedent Director the Manyland 10e. Stete 10b. County 10c. City, Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be nutified at 10d. Inside City Limits 15 des 2 No Director more 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 115 21212 death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ Yo If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 3altimore, Maryland 21215-0020 þ 3 Nidowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiana. Elementery/Secondary (0-12) College (1-4or 5+) 6-14 NA marked other traumatic event, permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked othe any Injury or other traumests. 17. Fether's Name (First, Middle, Last) Be 18. Mother's Name (First, Middle, Maiden Sumeme) illiam 51M5 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City of Town, State, Zip Code) Theree J. Spears-Daughter 20b. Pleca of Disposition (Name of cemetery, cremetory or other place) Way-West minister, MD. 21157
Dete 20c. Location - City or Town, Stele 20e. Method of Disposition Burial 2 Cremetion 3 Removel from Stete 7-2496 Woodlaun, MD. 4 □ Donation 5 □ Other (Specify) Lown Cem 21. Signeture of Funeral Service Licenses 22. Neme end Address of Fecility 638N. Gilmor street Hibert P. WyLi's THE PA BALT, on the transfer of the property BALTIMONE, MD. 21217 **Physician** tmmediate Ceuse (Finel disease or condition resulting in deeth) /Medical 2 days Examiner Examiner burial-transif Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in deeth) Lest and Box 68760, attending physician for use as the buria certificate be Physician/Medical Due to (or es e consequence of): F'X OF' TIBIA & F'IBULA JUNE 11, 1996 P.O. I Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Winknown Records, ò 8 Completed 24a. Wes en eutopsy performed? 24b. Were eutopsy findings avelleble prior to completion of cause of deeth? certificate 20 No 1 Yes 1 ☐ Yes 2 ☐ No Vital 25. Wes case referred to medical exeminer?

1 Yes 2 No Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Reeldence 6 Other (Specify) P 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA ō 27. Manner of Death 28c. Injury et Work? Certification: 28e. Dete of Injury (Month, Dey Yeer) 28d. Describe how injury occurred 28b. Time of Naturel 5 Pending investigation Injury 1 Yes 2 No FELL FROM WHEEL CHAIR 2 Accident JUNE 11, 1996 4 6 ☐ Could not be 3 ☐ Suicide 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number of Rural Route Number, City or Town, Stete) 115 MELROSE AVE. determined 4 ☐ Homicide To the Hospital of within 24 hours a To the Funeral C completaly filled LONG GREEN NURSING HOME BALTIMORE, ND. 21212 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the ceuse(s) end menner steted. Medical (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 23/1996 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 200 CoheN TIAN A2. Padistrar's Sign 31. Dete filed (Month, Day, Year) State

Registrar

JUL 23 1996

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

96 21708

Physician						Cel	rtificate c	Deall	1	R	eg. No.		
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Examiner	_				ilber)						4c. Coul	ity of Death	2
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by F		1 ☑ Never Merrie 3 ☐ Widowed 4	_	1. Yes If Yes, Giv	Θ	15	Yes 2□N	lo Specify	<i>r</i> :		Spec	city: Bla	ick
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director, pa		25. Was case referre examiner?	d to medical		/				e of Deeth	(Check only on	e)		
9 0		1 ☐ Yes 2 🐼 N	0	Hospitel: 1 1 in	patient 2	ER/Outpatien	t 3D DOA	Other: 4 N	ursing Hom	e 5 🗆 Reside	nce 6 🗆 C	ther (Specif	y)
funeral funeral	2	7. Mentrer of Death 1 Naturel	5 Pending	28a. Dete d (Monti	f Injury n, Dey Year)	28b. Time of injury	28c. In	jury et Vork?	28	Bd. Describe ho	w Injury occ	urred	
Sat the		2 Accident	investigetio					☐ Yes 2☐] No				
by the		3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	286. Piece	of fnjury - At h	ome, ferm, stre	et, fectory, offic	: e	28	Bf. Location (St City or Town		n <i>ber</i> or Rurs	I Route Number,
2			/	Dundi	g, etc. (opeci	y /				Ony or roun	, Ololo,		
od in by the	1	Contack only 2	Certifying Ph	ysician: To the l	pest of my kno	wiedge, deeth	occurred et the	time, dete er	nd place, er	nd due to the ce	euse(s) end	manner es s	teted.
5 C E				end menn	er steted.		oonganen, min	, op., io., do	our occurre	a ot the thire, d	oto ana piec	s, end ddo ((7 010 02 030(3)
the Funeral Dir apletely filled in redical Cert		Unity .					29c. Lice	ense number		2	9d. Dete sig	ned (Month,	Day, Year)
To the Funeral Dirac completely filled in Medical Cent	2	196. Signatuse and til	tle of certifier										
completely filled in Medical Cert	2	Unity .	tle of certifier	mt 1	nediral	House	Murer	DZG	2992		71	18/96	
pletely fill edical		Unity .	on Older	completed cause	Medical of deeth (Item	House	officer	038	2993			18/96	
completely filled in Medical Cert		96. Signature and til	on Older	completed cause	,	2		038		Baltin			

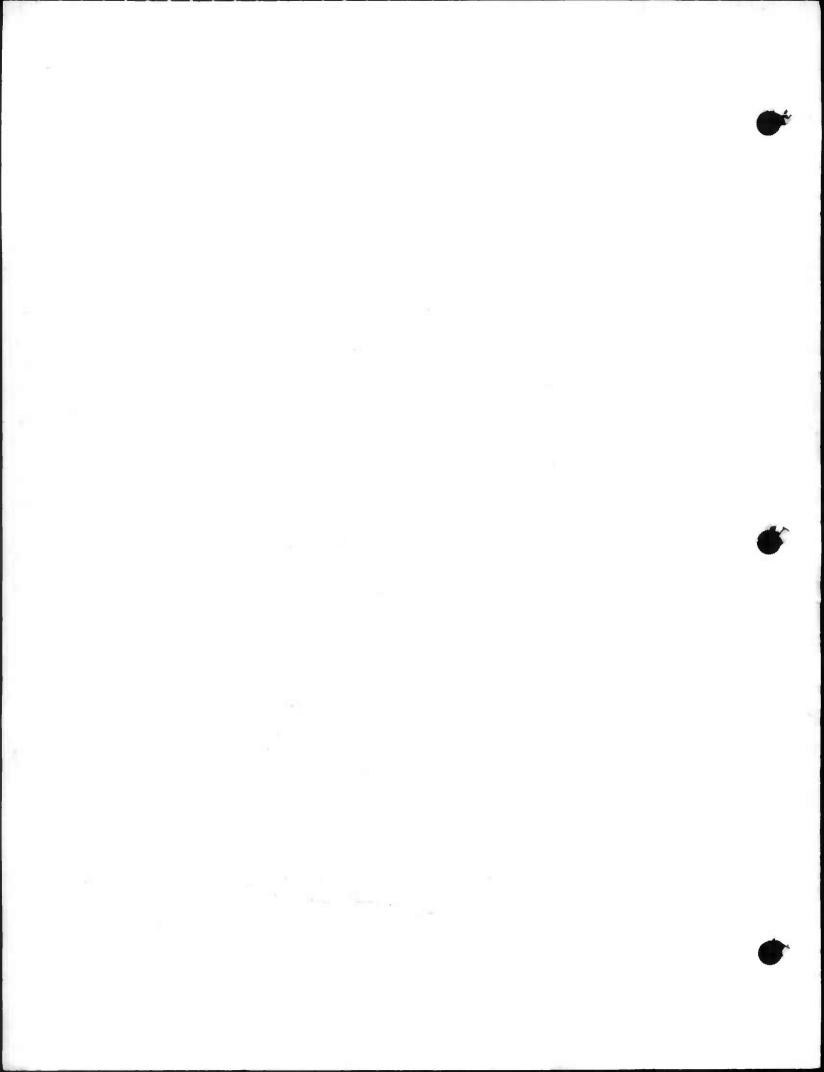
n S a ja m at ala report of the second the following production and section of

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
AND AND AND AND AND AND AND AND AND AND

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	IT OF HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) LONNIE	EE GR	ASTY		JULY 16,	*1996 YEA	R 3. TIME OF DEATH 7:00A M
	214-20-2927	S. SEX 6. AGE (In yrs. Ia	YRS, MONTHS			924 B	RTHPLACE (State or Foreign unitry)
NC.	9a. FACILITY NAME (If not institution, give stree VA Maryland Health			ry, town or Location of D erry Point	EATH	9c. COUNTY O	
CTC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					0001	
DIRECTOR	MD	42	BAC	TIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1802 PRESST	TMAN STE	CET	101. ZIP CODE	17	10g. CITIZEN O	F WHAT COUNTRY?
NO.	MARITAL STATUS 1	2. WAS DECEDENT EVER IN U.S. AF	RMED 13	. WAS DECENDENT OF HISPA			ACE — American Indian,
ВУ	1 Never Married 2 Married 3 Vidowed 4 Divorced 2	FORCES? 1 (1) YES 2 IF YES, GIVE WAR OR DATES	8-44	If yes, specify Cuben, Mexico 1 YES 2 X NO Specif			lack, White, etc. pecify: Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col	mpleted) (C	ECEDENT'S USUAL. Sive kind of work done. Do NOT use retired.	a during most of working	16b. KIND OF BU	SINESS/INOUSTR	Υ
MPL	Elementary/Secondary (0-12)	College (1-4 or 5+)	TAILO	R	Tai	loe s	Shop
	17. FATHER'S NAME (First, Middle, Last)	20551		11 1	AME (First, Middle, Malden		
B	19a. INFORMANT'S NAME (Type/Print)	HS 19	D MAILING ADDRE	BS (Street and Number or Rural	NIAMI	ASON	
5	Mildred GRA	sty 3	3125	Mondow	. ^	13	to. md. 21216
	20a_METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Denation 5 Other (Specify)	of from State	AND DATE OF DISPO	1 000	0-23-6(CATION — City of	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN			. NAME AND ADORESS OF FA		1 How	d 21215
	1 Authors	E. Ward	h	March 7	It west		o Wabash nuc
	23. PART I. Enter the diseases, or con ahock, or heart failure. Lis	nplicetions that coused the out of only one cause on each line	0.	A	h es cardisc or resp	iratory arrest,	Approximats Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	× Artenne		Voscular	1.0.		Onset and Death
	resulting in death) a	DUE TO (OR AS A CONSE	2010-0-0	A ascreal	JUSPANE.		20775
NO	Sequentially tlat conditions, b.						
Ĭ,	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):				
Ē	CAUSE (Disease or tnjury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				
CERTIFICATION	d						
SAL	PART II. Other eignificant conditions of	contributing to daeth but not	resulting in the u	indarlying ceuse given in	Part I. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDIC					1 _ YES 2	: Xno	COMPLETION OF CAUSE OF DEATH?
N.	DID TOBACCO USE CONTRIE	SUTE TO CAUSE OF DEA	ATH YES	NO D UNCERTAIL			1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL	26. PLAC	CE OF DEATH (Chec	k only one)			
IYSI	1 ☐ YES 2 💢 NO 📆	OSPITAL:	1	rsing Home 5 🗆 Residence			
T P	1 X Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
D BY	2 Accident Investigation 3 Suicide 8 Could not ba	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, term, street, fa		28t, LOCATION (Street a City or Town, State)		al Route Number,
EE	4 Homicide detarmined						
COMPLETED		N: To the best of my knowledge, de On the basis of examination and/or					
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI			EO (Month, Day, Year)
TO BE	x A.S. Mero	m. D		D2411		D 67 1	6196
F	30. NAME AND AGORESS OF PERSON WHO C			Doint MD	21002		
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE		y Point, MD	21305		
	JUL 23 1996	Julie Vainten A	ande me				

DHMH-18 Rev 1/89





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death **Physician** (gal breath, 4:00 pm /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Balto Arunde 7. Age (In yrs. lest blithday) Hrundel 5. Sociel Sacurity Number 6. Sax if Undar 24 Hrs. Birthplace (Steta or Foreign Country) 8. Data of Birth (Month, Dey, Year) **Funeral** 241-22-2060 10 M 2□ F Months Days Hours 70 Director Usual Residence of Deceder 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Anne Burnie 1 Yas 2 No Director herms 23s or 28s-f the Medical Examiner must be notifi 10e Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 6526 SA an ano 2106 Funeral rive 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No 11 Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Mexicen, Puarto Rican, etc.) 14 Raca - American Indien Bleck, White, etc. 1 Never Marriad 2 Married 'natural', or Baltimore, Maryland 21215-0020 1□ Yes 2 No Specify: Black Specify: à 3 D Widowed 4 □ Divorced Year or Dates: Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry 朝 Elementery/Secondery (0-12) College (1-4or 5+) Longshoreman NA Laborer unknown 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be nent of Health and Mental Galbreuff is marked 10 Wille Mary Frances 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number of Rural Route Number, City or Town, Stete, Zip Code) 652 Department of Health Important: If Nem 27 Glen Burnie red 100 Gal breath Daughter Dano (Ve 20e. Method of Disposition 20b. Place of Disposition (Neme of Remetery, cremetory or other p Date 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stata 4 Donetion 5 □ Other (Specify) Men Parte 7-26-96 21215 21. Signature of Fundal Service Licensed Name and Address of Fecility -West Acrue Balto, rea Walash 300 4 23a. Pertl. Enter the disease, or complications that causad the deeth. Do not enter the moda of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physiclan** /Medical Immediate Ceuse (Final diseesa or condition resulting in deeth) **Examiner** Examiner PONAR be executed Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disaase or injury that Initieted events resulting In deeth) Lest Due to (or es e consequenca of) 68760 Physician/Medical tha Dua to (or es e consequence of): attanding i Box The law requires that the death P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 No 3 Probably 4 Unknown de DEN DEN Records, þ Completed 24b. Were eutopsy findings available prior to 24e. Wes en eutopsy performed? eNSIDK completion of cause of deeth? 1 ☐ Yes 2 No 1 Yes of Vital Be 25. Wes case referred to medical 28. Piece of Deeth (Check only one) examiner? 1 Yes 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 To the Hospital or Attending Physi within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral directorial directors. 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred Division 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28a. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, date end plece, end due to the cause(s) end menner steted. Medicai (Check only one) 29b. Signeture and title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year)

State Registrar

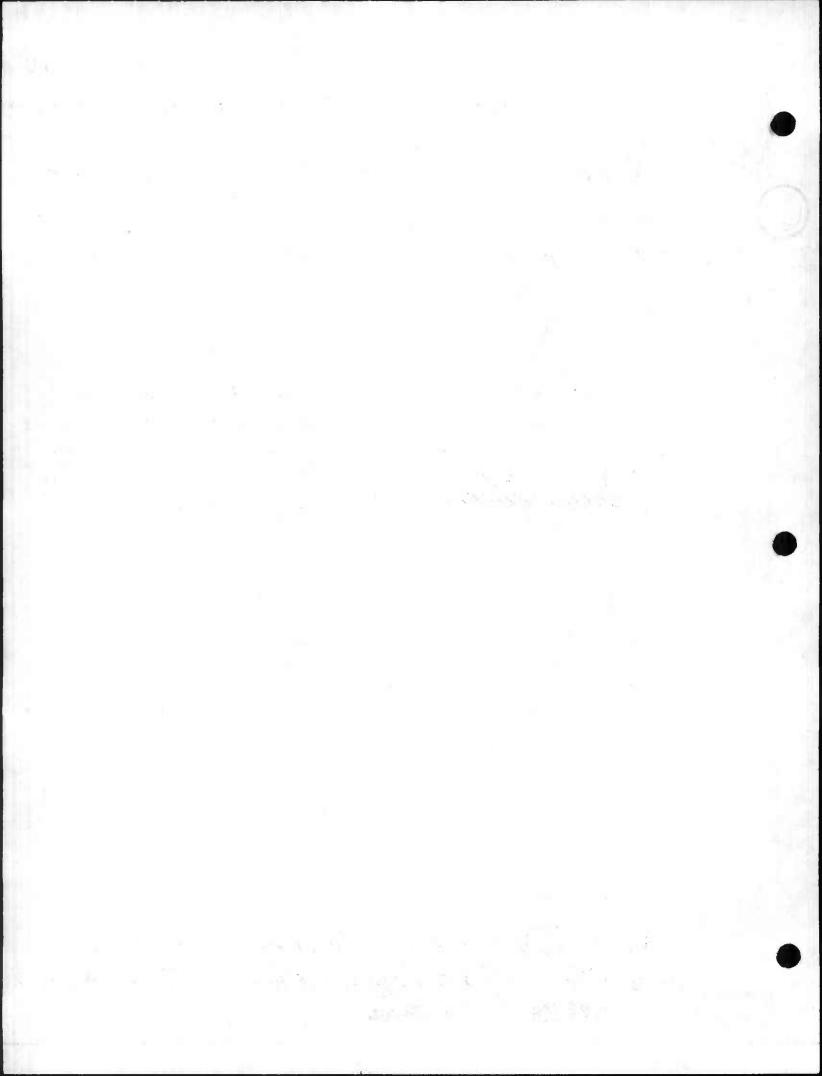
720-CM AIDENE · MACHIPAN 32. Registrer's Signeture

6)

ATTENDING Mys.

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

-N.M



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Marie Lillian Green July 19
4b. City, Town, or Location of Deeth 19 /Medical 1996 9:20 am 4e. Fecility Name (If not institution, give street and number) 4c. County of Death **Examiner** Maryland Manor conv. Center Glen Burnie Anne Arundel If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 5. Social Security Number 6. Sex 7. Age (In vrs. last birthday) If Under 1 Year Funeral Birthplece (State or Foreign Country) 1 M 2 S F Months Deys 213-74-0558 94 Director Sept.1,1901 Virginia Usual Residence of Decedent 10a. Slale 10b County 10c. City. Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a f sho other traumatic event, the Medical Examiner must be notified at MD Anne Arundel Director Glen Burnie 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whel Country? 7575 E. Howard Road 21061 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 11. Marital Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. ☐ Yes 2 No Yes, Give 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: þ Specify: White 3 XWidowed 4 ☐ Divorcad natural Year or Dates Completed permit. Pages 1 and 2 should be filed within 72 h Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natu any Injury or other traumatic event, the Medical ODGE. 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker 6 Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be John Shiffette Alice Williams 2 19e. Informeni's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Samuel J. Brown 123 Appian Way, Pasadena, MD 21122 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetery or other piece) 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State Morgan Chapel Cem. 4 ☐ Donetion 5 ☐ Other (Specify) 7/22/96 Woodbine, MD 21. Signature of Funeral Service Licansee 22. Name end Address of Fecility Hardesty Funeral Home, PA. atrick 12 Ridgely Ave. Annapolis, MD 21401 23a. Pert1. Enler the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feiture. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** Immediete Ceuse (Final diseese or condition resulting In death) /Medical Arteriosclerotic Cardiovascular Disease 10 years Examiner Due to (or es a consequence of): Diabetes Mellitus 6 years be executed Exami Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet Initieted events resulting In death) Lest buriel-tran Due to (or es e consequence of): as the buriel Peripheral Vascular Disease Box 68760. 8 years Physician/Medical The law requires that the death certificate Due to (or as a consequence of): ettending p for use as P.0. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 25 No 3 Probably 4 Unknown Records, þ should be 24b. Were eutopsy findings available prior to Completed 24e. Was en eutopsy completion of cause of deeth? page 2 1 🗆 Yes 2 STNO 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Was case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpalient 3 ☐ DOA Other: 4 Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) Certification: To 1 Yes 2 No 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 12 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - Al home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29e. Certifier Cortifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Cortifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and manner as stated.

| Cortifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and manner as stated.

| Cortifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and manner as stated.

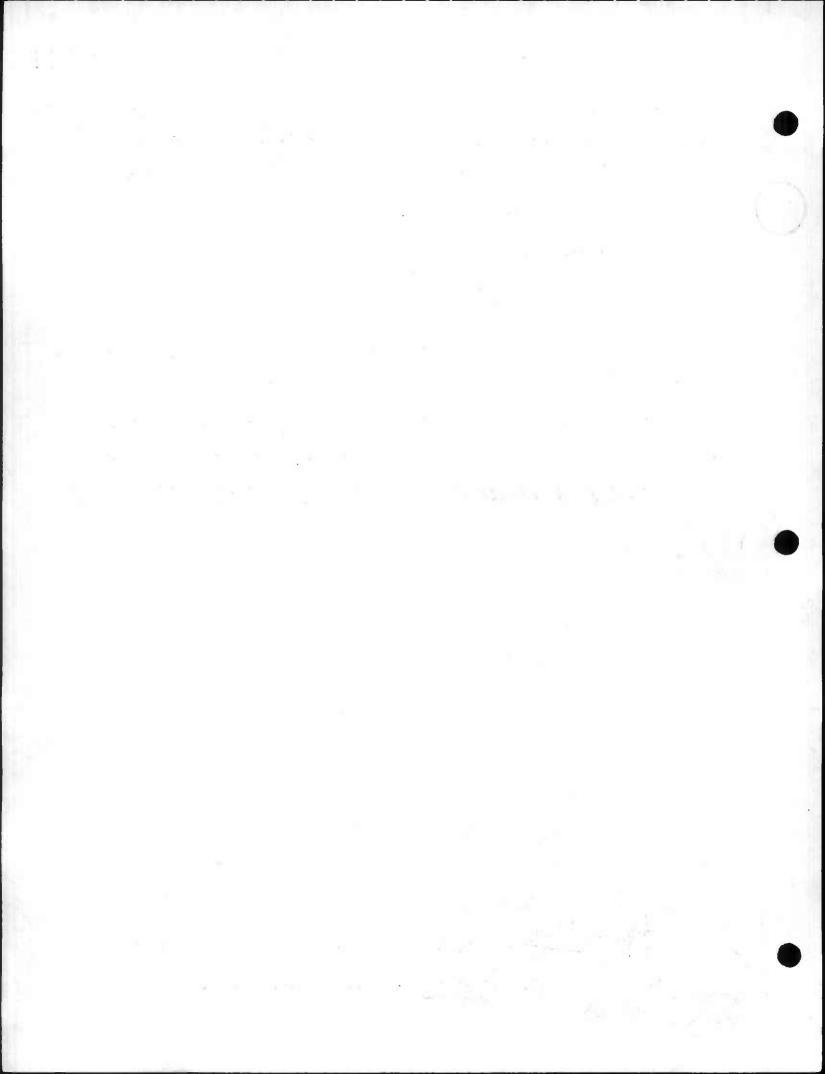
| Cortifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and manner as stated. Medical (Check only 29b. Signatu 29c. License number 29d. Dete signed (Month, Dey, Year) (Attending Physician) D14160 07/19/96 narjit Singh, M.D. 5410-A Ritchie Highway

31. Dete filed (Month, Day Year)

JUL 23 1996

Baltimore, Md. 21225

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q 5

						Certificate of	Death		Reg. No	o.) 6	1114
	Dhusis	ian.	1. Decedent's Nema (First, Middla, L.	ast)				2. Dete of D Month				. Tima of Deeth
	Physici /Medi		Hazel Caroline	GAJ	DOSI			July	17,1	l'996 'i		1:50 Pm
	Examir		4a. Facility Nama (If not institution, gi				4b. City, Town, or			c. County of D		
			FRANKLIN SQUARE HOST 5. Social Security Number 6.		- 1 4 h-1-		BALTIMORE (7		Baltimo		
	Funeral Director			Sex 7. Aga (In yr		Yrs. Months Days	Hours Min.	8. Data of B	, 1925	BAI	Country)	(Steta or Foraign RE, MARYLAND
	land		10a. State 10b. County	10c. (City, Town	n or Location					10d.	insida City Limits
	Man	to	MARYLAND BALTIMORE	BAL	TIMOR	E COUNTY						1 ☐ Yes 21 No
	or 28	irec	10a. Street and Number			10f. Zip Coda				itizen of Wha	t Country?	7
	23a	la	7402 BROOKWOOD AVENU			21236			U.S	S.A.		
	er de	Funeral Director	11. Meritei Status	12. Wes Decedent Ever in Armed Forces?	U,S.	13. Was Decedent of I if Yas, specify Cub	fispanic Origin? (S en, Maxican, Puart	pecify Yes or N o Rican, atc.)	lo-	14. Race - A Bieck, V	American I Vhite, etc.	
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "naturel", or items 23s or 28s-f show says injury or other traumatic event, the Medical Examiner must be notified at once.	by	1 Never Married 2 Merried 3 Widowed 4 Divorced	1 ☐ Yas 2 💢 No if Yes, Give Yaar or Detas:		1□Yas 2□XNo	Specify:			Specify:	WHITE	
2-0	netu Jical	Completed	15. Decedant's E (Specify only highest gr	ducation ade completed)	16a.	Decedent's Usuel Occup (Giva kind of work done lifa. DO NOT usa retire	petion during most of wor	rking	16b. l	Kind of Busine	ess/Indust	try
12	within	d m	Eiementery/Secondery (0-12)	College (1-4or 5+)	1100		(d)		un ic	EKEEPIN	C UM	LIONE
9	Hygle Hygle		17. Fether's Neme (First, Middle, Las	N/A	HUIY	IBMAKER	18. Mother's Nar	na (First, Middl			O-OWN	TIONE
an	id be entai ked o	To Be	CHARLES H. IHLE				HENRIETTA	м этная	FR			
Maryland	shou M M umer	-	19e. informent's Neme/Reletionship	(Type, Print)		. Meiling Address (Street	end Number or Au	ral Route Num	ber, City			de)
Z	and 2 alth a		TERRY P. GOUDOSIK (SON)	671	5 HAREWOOD PAF	K DRIVE B	ALTIMORE,	MARY	/LAND 21	220	
Baltimore,	of He		20e. Mathod of Disposition 1 ☐ Buriei 2 🏋 Cremation 3 [. Place of cemeter	Disposition (Name of ry, cremetory or other ple	ce)	Dete	20c. L	ocation - City	or Town,	Stata
Ĕ	Pag ment ant: h		4 □ Donation 5 □ Other (Speci	fy) ME	ETRO C	CREMATORY, INC.	. JULY 18,	1996	BALT	TIMORE,	MARYLA	AND
Salt	Depart Depart Import eny inj		21. Signature of Funarai Service Lice	neea		22. Name and Addre		NC				
_	40 = 9 a		POSHOCK	Mose of the second		7401 BELAIR F			RYLAND	21236-	4625	
			23a. Part1. Entar tha diseesa, or con shock, or haart failure. List only	pilcations that caused the de ona ceuse on aach lina.	ath. Do	not antar tha mode of dyi	ng, such es cardia	or respiretory	arrest,		Int	pproximate erval Between
)	Physician /Medical		Immediate Course (Fine)								On	nset and Death
	Examiner		Immedieta Ceuse (Finei disease or condition resulting In death)	a Pancreatic	Canc	er					1	year
	1611	ē		Due to	(or as e	consequence of):						
	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions	b. — Due to	(or as a r	consequence of):						
ó	an ar	ŭ	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Undarlying Ceuse (Disease or injury		(0.000							
68760,	tificate be executed ig physician and as the burial-transit	edical	thet initieted evants resulting in deeth) Lest	c. Dua to	(or as a c	consequence of):					1	
9 ×	E 0 6			d								
P.O. Box	The law requires that the death cer see has been signed by the attendir page 2 should be detached for use	Physician/A									1	
o.	the d	hysi	Part II. Other significant conditions	-								e cause of death?
	s that	by P	Lower gastrointes	tinal bleed,A	nemi	a, Myocardi	al	10	J 198	2X No 3[_ Probabi	ly 4 □ Unknown
ğ	quira:							24a. We	s an auto	opsy 2		eutopsy findings ble prior to
000	aw re	plet	infarction, Corona	ary artery dis	ease			per	ionnear		comple of dear	etion of cause
Ě	ysician: The lav is certificate has director, page 2	Completed						1	Yes 2	2 ⊊ No	1 🗆 Ya	as 2 No
of Vital Records,	Physician: this certificated rail director,	Be	25. Wes cese referred to medical axaminer?				26. Placa of Dec	ath (Check only	ona)			
5	Physic this ce	은	1 ☐ Yes 2 No		□ ER/Ou	thatient 3LI DOA		lome 5 Res			Specify)	
2	100	Certification:	27. Menner of Deeth 1 Neturel 5 □ Panding	28a. Date of injury (Month, Dey Year)		rime of 28c. Injury Wo	ryet rk? Yes 2 □ No	28d. Describe	how inj	ury occurred		
Visio	188	licat	2 Accident Investigation 3 Suicide 6 Could not t	OB Diese of Injury At	home fe	rm, street, fectory, office	1162 2 140	28f. Location	(Street e	and Number o	v Rural Ro	oute Number
*	200	ert	4 ☐ HomicIde determined	building, etc. (Spe	cify)	ini, stroot, rodory, ornoo		City or To	own, Ste	te)		
	To the Hospirality within 24 hours To the Funeral completely filled	edical C	29e. Certifier 1 ☐ Certifying Pl (Check only one) 2 ☐ Medical Exa	nyaician: To the best of my k miner: On the bests of exami end manner stated.	nowledge netion an	, daeth occurred et the ti d/or Investigetion, in my o	me, date end plece opinion, deeth occu	, end due to the irred at tha time	e ceuse(s	s) end manna nd piace, and	r as stata due to the	d. e cause(s)
	within 2 To the comple	Me	29b. Signetura and title of certifier	control states.		29c. Licens	se number		29d. D	ate signed (N	fonth, Day	(, Year)
	->-0		1 Horman a	aunher		R D	2111		Ju1	y 17,1	996	
	10		30. Nema and address of person who	Completed cause of deeth (It	em 23e) (
	1		Dr. Herman Junke	V			altimore,	Mary1a	nd 2	1237		
	Sta		31. Data filed (Month, Dey, Yaar)	32. Registrar's Sig	geture							
	Registr	ar	JUL23	1996 France La	widson	-Andell						
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DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 2 17 13

hysician /Medical xaminer	Decedent's Name (First, Middle, ELEANOR	Last)						2. Date of De	ath		0.3			
Medical	ELEANOR			OFILDE	170					y Yea		Time of Death		
xaminer	4a Faallia Nama (Maastinski siis		<i>E</i> .	GEHRI	NG			JULY	20		8:	15 AM		
	4a. Fecility Name (If not institution,	STATE OF					4b. City, Town, or L		n 4c.	. County of De	eath			
eral	CROFTON CONVAL. 5. Social Security Number			. last birthday)	If Under	1 Year	CROFTO If Under 24 Hrs.	8. Date of Bir	th	NNE AR				
ctor	218-16-1265 Usual Residence of Decedent	1□M % □F	89	Yrs.	Months	Days	Hours Min.	(Month, Da 10/4/	y, Year)	MA	Country) RYLAN	State or Foreign		
	10a. State 10b. County		10c. Ci	ity, Town or Lo	cation						10d. in	side City Llmit		
Director	MARYLAND ANNE A	RUNDEL	MJ	LLERSV	ILLE						1 [☐ Yes 2 💢 N		
Dire	10e. Street and Number				10f. Zip	Code			10g. Cit	izen of What	Country?			
	LOT 44 ROL PARK				211					S.A.				
by Funeral	11. Marital Status 1 □ Never Married 2 □ Marrie 3 ☒ Widowed 4 □ Divorcad	12. Wes Deceded Armed Force 1 □ Yes 2 If Yes, Give Year or Date	es? IXNo				Hispenic Orlgin? (Spean, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.))-	14. Race - Ar Black, WI Specify:				
etec	15. Decedent's (Specify only highest	Education grade completed)		16e. Deced	dent's Usua kind of wor	l Occup	pation during most of worked)	cina	16b. K	ind of Busines	ss/Industry			
Completed	Elementary/Secondary (0-12) UNKNOWN	College (1-4: UNKNOWN	or 5+)	life. L	HOMEN				O	WN HOM	E			
BeC	17. Father's Name (First, Middle, Le	st)					18. Mother's Nem	e (First, Middle,	, Maiden	Sumame)				
To	PETER	G	ILBER	T			ELEAN(OR		ROGER	S			
	19a. Informant's Name/Relationship	(Type, Print)					and Number or Rui							
To Be C	JAMES F. GEHRII	NG (SON)	20h I	LOT 4 Place of Dispo			RK TRL. V							
once.	1 Burial 2 Cremetion 3		to (cemetery, cren	natory or of	ther ple		/23/96		BURNII				
once.	GLEN HAVEN MEMORIAL PARK 7/23/96 GLEN BURNIE, 22. Name and Address of Fecility SINGLETON FUNERAL HOI 1 SECOND AVE. S.W., GLEN BURNIE, MD 23a. Part1. Enter the disease of complications that saused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,													
10	23a. Part1. Enter the disease, of co	mplications that cause	sed the deal	-						,	Appre	oximate		
an cal	Immediate Cause (Final		1	- 0	1 0						Onse	val Between et end Deeth		
ner	disease or condition resulting in death)	pase or condition with other states of the s												
ne			Due to (t	or as e conseq	uenca or):									
ami	Sequentially list conditions, Due to (or as a consequence of):													
a E	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	C												
Medical Examiner	that initiated events resulting in death) Last		Due to (c	or as e consequ	uence of):									
Physician		d												
/ Physician/	Part it. Other significant conditions	contributing to death	but not res	sulting in the ur	nderlying ca	use giv	ven in Part I.					ause of death		
by Pt								10	Yes 2	MNo 3□	Probably	4 Unknow		
Completed								24a. Was perfo	en autop rmed?	osy 24b	avallable	on of cause		
Com								101	Yes 2	⊠ No	1 □ Yes	2 No		
To Be C	25. Was case referred to medical examiner?						26. Place of Deat	h (Check only o	ne)					
2	1 ☐ Yes 28 No	Hospital: 1 ☐ Inpe		ER/Outpatien	t 3□ DO/	A Oth	ner: 4 12 Nursing Ho	me 5 Resid	dence (6 □Other (Sp	ecify)			
	27. Manner of Deeth 1. ☑ Natural 5 ☐ Pending 2 ☐ Accident Investigat		njury Da <i>y Year)</i>	28b. Time of Injury	M 28	Bc. Injur Wor	y at rk? Yes 2 □ No	28d. Describe i	now Injur	ry occurred				
Certification:	3 ☐ Suicide 6 ☐ Could not determine	d 288. Place of	Injury - At he etc. (Specif	ome, farm, stre	et, factory,	office		28f. Location (S City or Tox			Rurel Route	e Number,		
Medical Certifi	29a. Certifier (Check only one) 1 Certifying F	Physician: To the beaminer: On the basis and manner	of examina	wiedge, deeth tion and/or Inv	occurred a estigetion, i	t the tin	me, date and place, opinion, deeth occurr	and due to the red at the time,	cause(s) date end	and menner of placa, and do	es stated. ue to the ca	ause(s)		
¥	29b. Signature and title of certifier	6	100		29c.	Licens	e number			te signed (Moi		'ear)		
	Don la	me	140		D	40	519		7.	22.9	6.			
1 1	30. Neme end address of person wh	o completed cause o	f deeth (tten	n 23a) (Type, F	Print)		S OAK							

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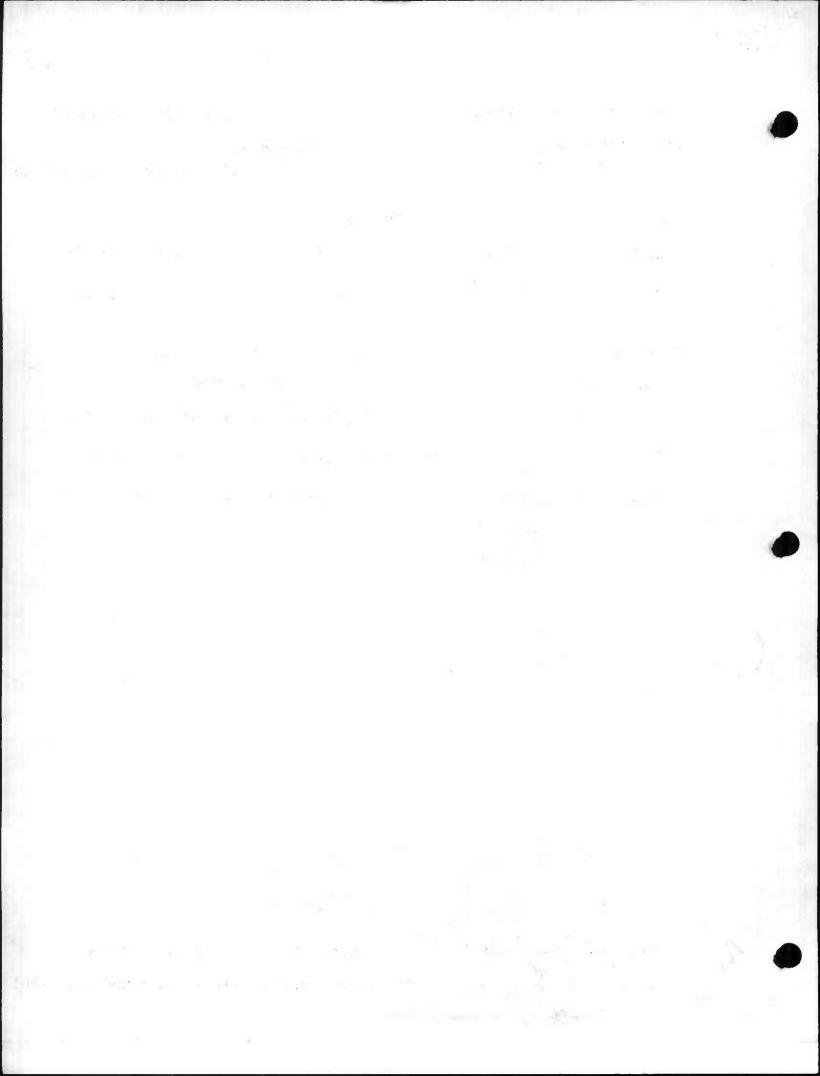
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Physician		Decedent's Neme (First, Middle, L. WILLIAM THOMAS								2. Dete of De Month July	eth 2 I	1996		ime of Deeth
/Medical Examiner	-	4e. Fecility Neme (If not institution, gi	va street and num	nber)				4b. City, To	own, or Loc Park	cation of Death	4c. Cou	nty of Death		.50 FM
Funeral Director		5. Sociel Security Number 8. 212-09-8639		7. Age (In yi 86		thday) Yrs.	If Under 1 Yea Months Days			8. Data of Bir (Month, Da Jan 25			olece (S	Steta or Foreign
ms 23a or 28a-f show crivial by notified at neral Director		Usual Residence of Decedent 10e. Stete 10b. County MD Baltim	ore	10c. (City, Tow Par	or Lo						1		ide City Limits
r items 23s or 26s-f al ofrer must be notified Funeral Director		10e. Street and Number 17010 Yeoho Road					10f. Zip Coda 21	120			10g. Citizen U.S.	of What Cour	ntry?	
al', or its Examine by Fur	2	11. Marital Status 1 ☐ Navar Merried 2 ☐ Merried 3 ∰Widowed 4 ☐ Divorced	12. Was Dece Armed For 1 Tes If Yes, Give Yaer or Da	2 No	U,S.		Vas Dacedent of Yes, specify Cu			city Yas or No Rican, etc.)		Race - Amaric Black, White, acity: Wh		an,
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Mental Hygiene. arked other than atic svent, the M		17. Fether's Neme (First, Middle, Las William Clarence	*	_			igineer			(First, Middla,	Malden Sun	ne <i>me)</i>		
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ant:		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci		tete	cemeter	y, cren	sition (Name of natory or other pi ark Ceme		7	Data / 24		on-City or To	- 1	ete
Departn Importa any inju		21. Signature of Funeral Service Lice	nsee	the	7	1	Name and Add UBBARD 1 107 Will	FUNERA	L HON			MD 2	2122	9
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deteched or us		Part II. Other significant conditions	contributing to de-	ath but not re	esulting in	tha ur	nderlying cause (given in Pert	l.	23b. Did				ause of death
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artific Sctor	3	25. Wes case referred to medical examiner?							e of Death	1 Check only		1 [☐ Yas	340 NO
S S S		1 Yes 2 No			Z ER/Ou		3LI DUA			ne 5 Resid			y)	
deeth. tor: After / tha funar		27. Mennar of Death 10 Neturet 5 Pending 2 Accidant investigatic 3 Suicide 6 Could not be detarmined	e age Diese			Ime of njury	28c. Inj W M 1	Yes 2	No	28d. Dascribe			al Route	a Number
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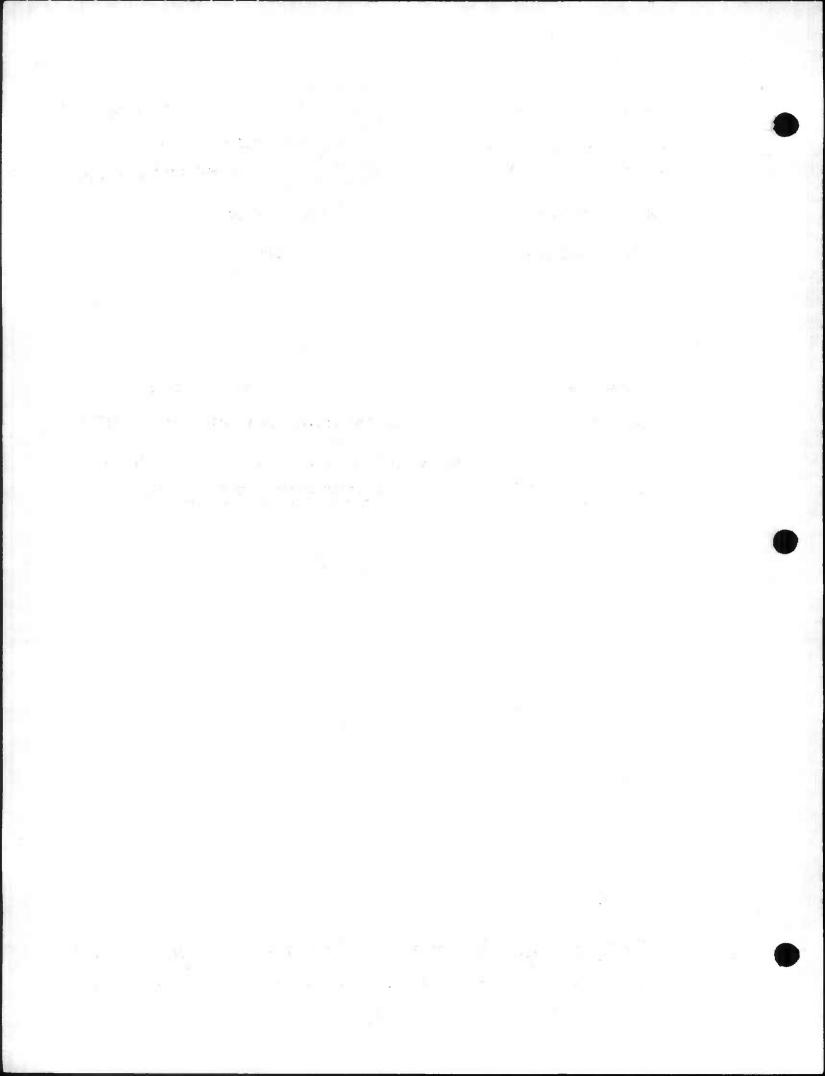
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ral	5	2903 HILLEN 5. Social Security Number 233-19-9469	6. Sex		. Age (in y	rs. lest bir	thday) If U Yrs. Mon	nder 1 Yea		MOR Irs. 8.	E . Date of Bir Wonth, Da	h Yeer) O	n/-	Birthpiece	(State or Foreign
tor	1	Jsual Residence of Decedent			10	,	113.			1	JU1. Z	0, 19	OU W	ELUH,	W.VIRGIN
st, or tams 23a or 28a-f show Examiner must be notified at by Funeral Director	. 1	10e. Stete 10b. County		10c.	City, Town	or Location								Inside City Limits	
			/a				BALTI								1 X Yes 2 □ No
		2136 E. FEDER	AL	STREET				21213			10g. Citizen of Whet Country? UNITED STATES				
		1. Maritel Stetus 1. Never Married 2 Marr 3 Widowed 4 Divorced		12. Wes Decedent Ever in U,S Armed Forces?, 1 ☐ Yes 2 Mo It Yes, Give Yeer or Detes:		ı U,S.	S. 13. Was Decedent of Hispanic Origin? It Yes, specify Cuben, Mexican, Put 1 ☐ Yes 2 ☒ No Specify:			(Specify Yes or No- erto Rican, etc.)			14. Rece - American Indian, Bleck, White, etc. Specify: BLACK		
Completed		15. Deceden (Specify only highes	's Educ	cation e completed)	169.	16e. Decedent's Usuel Occupetion (Give kind of work done during most of willife. DO NOT use retired)				vorking 16		16b. Kind ot Buelness/Industry		у	
dwo		Elementery/Secondary (0-12)		College (1-4	STUDENT					HIG	HIGH SCHOOL				
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To B		PAUL NEWCOM	В						SAB	RINA	A HAR	PER			
To Be Completed		19e. Intorment's Name/Relations REGINA HARP		Type, Print) 19b. Mailing 2136				Address (Street end Number or Ru. E. FEDERAL S T			T., BALTIM		City or Town, State, Zip Code) MORE, M D 21213		213
pnce. To Be Comp	2	0a. Method of Disposition		emovel from St	cemeter	Place of Disposition (Name of temetery, cremetory or other place) NG MEMORIAL PARK			7-2	Date	20c. Location - City or Town, RANDALLSTOWN,				
once.	2	21. Signeture of Funeral Service of Bernard D	License	moon					ess of Fecility MARCH F	H1	1101	E. NO	RTH	AVE	ENUE
er er er er er er er er er er er er er e	o i	mmediate Cause (Finel disease or condition esulting in deeth) Sequentielly list conditions, eny, leeding to immediate suse. Enter Underlying Cause (Disease or Injury	e b	e. GUNSHOT WOUND ONE HEADD Due to (or es e consequence of): Due to (or es e consequence of):											
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Physician/	P	art II. Other significant conditio	ns cont	ntributing to death but not resulting In the underlying cause given in Pert I.						23b. Did tobacco use contribute to the cause of death?					
by Ph	-									1 Yes 2 No 3 Probably 4 t				y 4□ Unknown	
pieted	-									performed? everieble		tion ot cause			
Com											184	es 2 n	No.	1₽Ye	s 2 No
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tion: To Be	2	1 □XYes 2 □ No 7. Menner of Deeth								ng Home \$\times\text{X}\text{Residence} 6 □Other (Specify) 28d. Describe how injury occurred					
Certification:		1 Neturel 5 Pending investig 3 Suicide 6 Could n	etion ot be	(Month, Day Year) Injury Work?										uta Numbar	
- Tre		4 € Homicide determi	28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)					2903 Human HM movem							
edical C	2	9a. Certifier (Check only one) 1 Certifying 2 Medical E	Physi xamin	cian: To the be	st ot my ki	nowledge,	deeth occur or Investige	red et the ti	me, dete end ple opinion, death oc	ce, end	due to the	euse(s) en	d menner	as steted	
M	2	9b. Signature end title of certifier		A				29c. Licen	se number			29d. Date s	igned (Mo	onth, Dey,	Year)
	2	Maynite Breybile					O.C.M.E.				JULY 20,1996				
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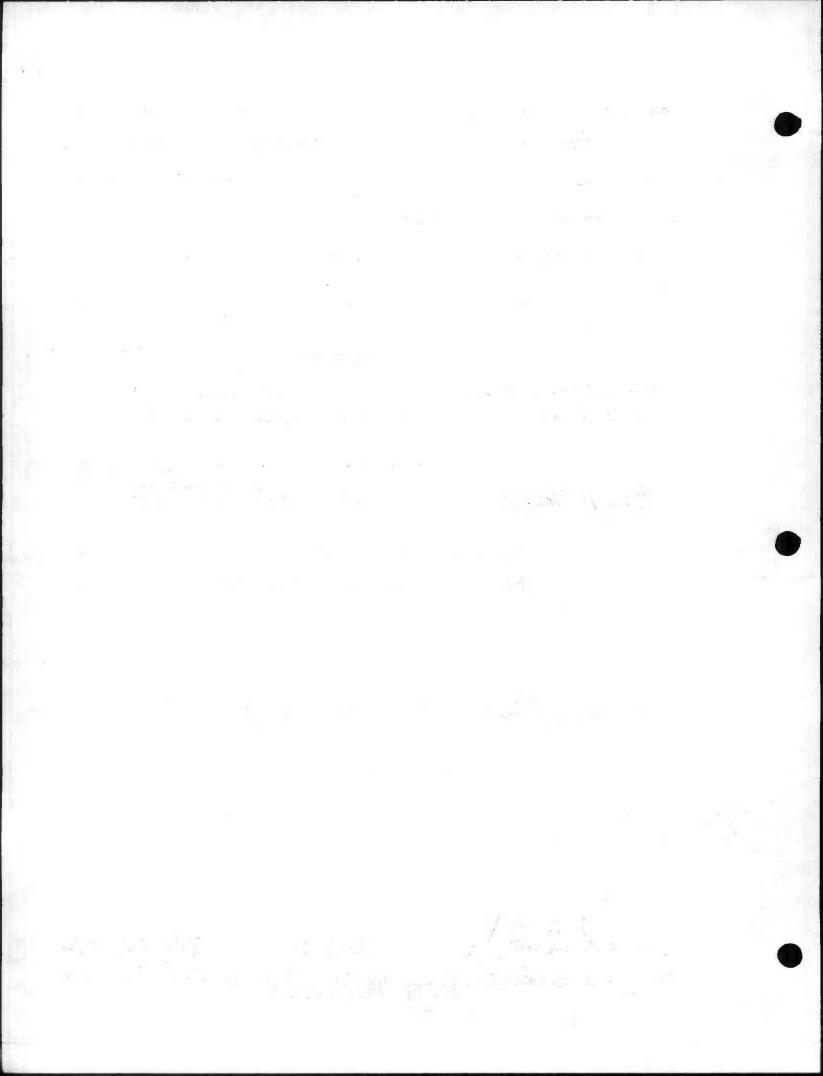
		1. Decedent's Name (First, Middle, L	(ast)			cate of		2. Date of De	Reg. No.		3. Time of Death	
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/Medica		4a. Facility Nama (If not institution, g		-			4b. City, Town, or	Location of Deal	th 4c. Count	776	/	
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- Level				Age (In yrs. Ia:	st birthday) If U	Jndar 1 Yaar	If Under 24 Hrs					
uneral irector		232-38-6063 Usual Residence of Decedent	1□ M 2D F 83 Yrs. Months				Hours Min		7, 1913		Birthplaca (Stata or Foreign Country) Virginia	
lygene. Net then "natural", or items 23s or 28s-f show nt, the Medical Example, must be notified at the Completed by Funeral Director	1	10a. State 10b. County		10c. City, Town o			Location			10d. Inside City Limits		
	Director	Md. Balti		I	Middle R	iver	er 1 Dyas 2 D					
		10e. Street and Number				10f. Zlp Code			10g. Citizan of	an of What Country?		
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	nue	11. Marital Status	12. Was Decedar Armed Forces	. 13. Was I	Was Decedant of Hispanic Origin? (Specify If Yes, specify Cuban, Mexican, Puarto Rica			0- 14. Rad Bia	 Raca - American Indian, Black, White, atc. 			
		1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2☐ If Yes, Give Yaar or Dates		1□Yes ৄNo Specify: 16a. Decedent's Usual Occupation (Give kind of work done during most of work) life. DO NOT use retired) Westinghouse 18. Mother's Name				Specif	Specify: White b. Kind of Business/Industry WestinghousePlant Idan Sumama)		
		15. Decedent's		<u> </u>					16b. Kind of B			
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	E	10th	College (1-40	1 34)					Westi			
	200	17. Father's Nama (First, Middle, Las	st)					me (First, Middle	a, Meldan Sumar			
	0	Mabe Dye						Nanny A	Ashbrook			
other traumatic event		19a. Informant's Name/Relationship	(Type, Print)		_			Rural Route Number, City or Town, State, Zip Code)				
	-	Linda Bell		001 81			sity Dri					
8		20a. Mathod of Disposition 1 De Burial 2 Cremation 3		cor	nca of Disposition metery, cremetor	y or othar pla	>e)	Data	20c. Location	- City or Tov	wn, Stata	
har	-	4 ☐ Donation 5 ☐ Other (Spec		Hol1	y Hill			/96	Balti	more :	Md.	
any injury once.		21. Signature of Funaral Sarvice Llo	ensee	00		ne and Addre	ss of Facility Funeral	Home Of	Essex			
	1	18. Terre	1 Conn	elly	300	Maca O	Ave Ba	1+imore	Md. 212			
		23a. Pari1. Enter the disease, or con shock, or heart failure. List on	causa on each	line.	Do not enter the	mode of dylr	ig, such as cardia	c or raspiratory a	arrest,		Approximate Interval Between Onset end Death	
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DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

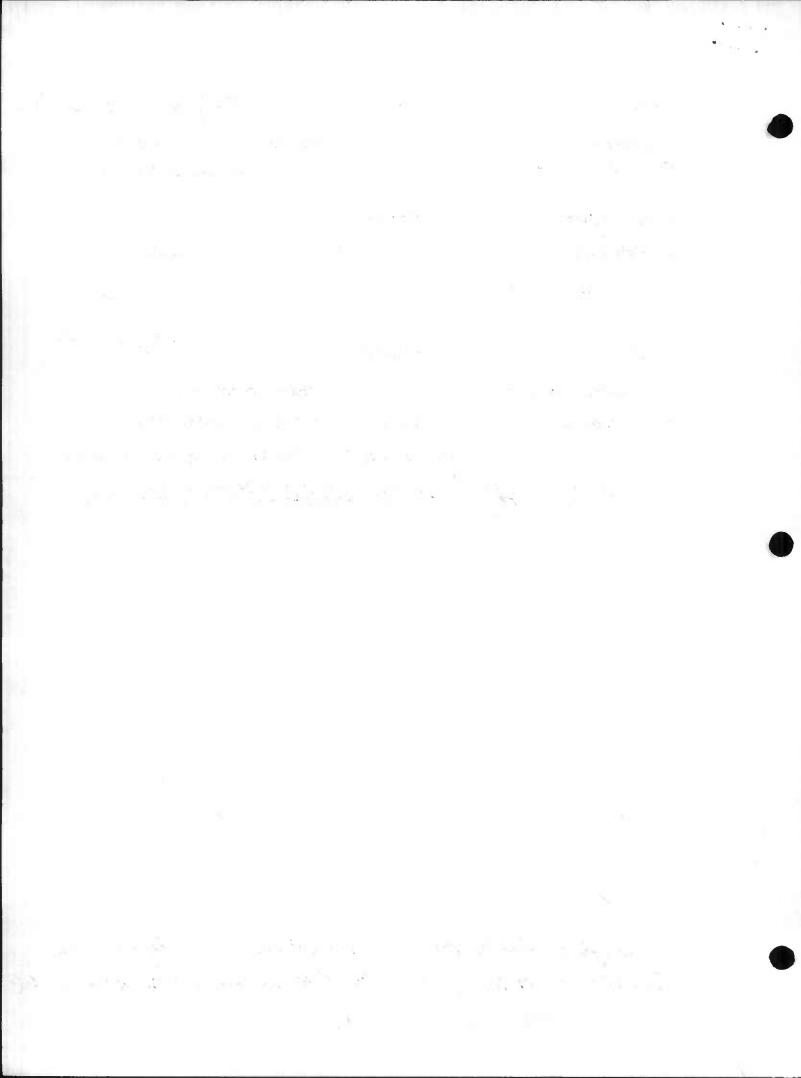
					Certificate	of Death		Reg. No.	90 511
Physic	ian	Decedent's Name (First, Middle, L.	est)				2. Date of De		3. Time of Dea
/Medi Examir	cal	Russell Nath 4a. Facility Name (If not institution, gi	aniel Hall ve street end number)	, Jr.		4b. City, Town, o	July or Location of Deat	19. 199	6 2 P.M.
		10280 Day Star	Court			Columbi		Howai	d County
Funeral Director			Sex 7. Age (/	n yrs. lest biri	thday) If Under 1 Months	Yeer if Under 24 H Deys Hours Mi	in. (Month, De		Birthplace (State or For Country) Maryland
yiend		10a. State 10b. County	10	Oc. City, Town	n or Location			-	10d. Inside City Lin
the Marylend 28a-f show	ctor	Md. Howard		Columb	oia				¥2 Yes 2□
deeth with th ms 23a or 26 rms 25 or 26	Funeral Director	10e. Street end Number 10280 Day St	ar Ct.		10f. Zip C			10g. Citizen of Wh	et Country?
urs after al', or ite	by	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Eve Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates:	r in U,S.	13. Was Decede if Yes, specif	nt of Hispenic Origin? y Cuban, Mexican, Pue No Specify:	(Specify Yes or No erto Rican, etc.)		American Indian, White, etc. Black
"natur	Completed	15. Decedent's E (Specify only highest gr	ducation ede completed)	16e.	Decedent's Usual	Occupation	vorkina	16b. Kind of Busin	ness/Industry
within ene. than "r	Idu	Elementary/Secondary (0-12)	College (1-4or 5+)			done during most of w retired)	orking	0	
hor t		17. Father's Name (First, Middle, Last	-		Landscape	er/Janitor	15° 1 6 4° 4 40		Security Ac
Mental Hygiene. Briked other than	o Be							, Meiden Sumame)	
9 6 6	To	Russell Nathar 19a. Informent's Name/Relationship (Vertel F. Ha	(Type, Print)	19b.	Mailing Address (3) 280 Day	Verte Street end Number or Star Ct. C	Rurel Route Numb	da Sjogre er, City or Town, St Md. 2104	ate. Zip Code)
of Hear I item r othe		20e. Method of Disposition		20b. Piace of	Disposition (Neme	of er place)	Dete	20c. Location - Ci	ty or Town, Stete
int: If ite		1 M Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Special			Davida Gara		100/00	a 1 11	
Department of Health Important: if item 27 any Injury or other ti		21. Signature of Funeral Service Lice	Hainht.	DUSITY	Park Cem 22. Name and P.O.BO	etery / Address of Facility Ha x 195 Syke	ight Fund	Cooksvil eral Home Md. 21784	le, Ma.
hysician		23a. Peri 1. Enter the disease, or com shock, or hear failure. List only	16.7	1 1					Approximete Interval Between Onset and Deati
Medical xaminer		Immediate Cause (Final disease or condition resulting in death)	a. Rena Metaco	to (or as a c	MOVN M	age			26
is is	ine		Metai	syeus	fic Co	ion Ca	ucer		2415
physician and s tha bunal-transit	al Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events	Due c.	to (or as a c	onsequence of):				
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for	cian	D-111 Ott 1 111				1			1
0 %	by Physician/	Part II. Other eignificant conditions of Pleuval	ontributing to death but no		the underlying ceu Right	se given in Part I.	23b. Did	1	bute to the cause of de
s been s 2 should	Completed						24a. Was perfo	en autopsy 2 med?	24b. Were autopsy findin evailable prior to completion of ceuse of deeth?
page	Con						10	res 20 No	1 □ Yes Z□ No
ertifica etor,	Be Be	25. Was cese referred to medicel examiner?	Here'tet				eath (Check only o	nne)	
	Some Co	1 Yes 2 No 27. Manner of Death 1 Nature	Hospital: 1 ☐ Inpatient 28a. Date of injury (Month, Dey Ye.	2 ER/Outp	me of 28c	Other: 4 Nursing Injury at Work?	-	dence 6 Other (now injury occurred	(Specify)
after dear Director d in bythe	Certificat	2 Accident 3 Suicide 6 Could not be datermined		At home, fari	m, street, factory, o	1 Yes 2 No	28f. Location (S City or Tox	Street and Number on, State)	or Rural Route Number,
Funer Funer taly fill	edlcai C	29a. Certifying Ph (Check only one) 2 Medical Exam	yalcian: To the best of my niner: On the basis of exa and manner stated.	knowledge, mination end	death occurred at to	the time, date and pled my opinion, death occ	e, and due to the surred et the time,	ceuse(s) and manne date and place, and	er es stated. I due to the cause(s)
2 4 5	-	29b. Signature and title of certifier	101		29c. L	icense number		29d. Dete signed (A	fonth, Day, Yeer)
within 2 To the comple		AW LAI	125		7	171 Cd		T. Va 7-	7 1600
T oo		Masses M. O	pan			13170	1	July 2	4,1776
7 S O O O		30. Name end address of person who	completed cause of death	(Item 23a) (T		13190 ceus Oux			2, 1886 u 7150.



State of Maryland / Department of Health and Mental Hygiene 96 2 1 7 1 8

					Ce	rtificat	e of	Death		F	Reg. No.	-	, , ,	
Physici	an	1. Decedent's Neme (First, Middle, L								2. Dele of Dee	ith	Year	3. Time o	of Deeth
/Medic			orge		orsey							996	2	A
Examin	er	4e. Fecility Name (If not institution, g 1908 Calais Court	ive street and number)				Baltimo	re	ation of Deeth	4c. County	more		
uneral irector		5. Social Security Number 212–30–4528 6.	Sex 7. A 1 ☑ M 2 ☐ F	ge (In yrs. le 61	st birthday) Yrs.	If Under Months	1 Yeer Deys		24 Hrs. Min.	8. Date of Birtl (Month, De) eptember	24,1934	9. Birthpl Count	ece (Stete	or Fore
		Usuel Residence of Decedent												
dat	_	10e. Stete 10b. County		10c. City,	Town or Lo							10	d. Inside C	
Sa-f	cto	Maryland Baltimore	9		Baltim								1 🗆 Yes	2 2
in the result would be seen than the control of them 23s or 28s-f show or other traumstic event, the Medical Examiner must be notified at	al Director	1908 Calais Court				10f. Zip	Code 1244				U.S.A.	What Coun	lry?	
BE US	Funeral	11. Meritel Stetus	12. Wes Decedent	Ever In U,S	. 13.	Wes Deced	ent of t	Hispenic Orig	gin? (Spec	cify Yes or No- lican, etc.)	14. Re	ce - America		
al', or it Examin	by	1 ☐ Never Merried				1□ Yes				, ,		y: Whit		
netur Sical	eted	15. Decedent's I (Specify only highest g	Education		16e. Dece	dent's Usua	ol Occu	petion during most	t of workin	0	16b. Kind of B			
marked other than "	Completed	Elementery/Secondery (0-12)	College (1-4or	5+)	Bookbi	DO NOT us	e retire	ed)	OFHOINE		Govern Office	ment Pr	rinting	5
othe vent,	Bec	17. Fether's Neme (First, Middle, Las	st)					18. Mothe	r's Neme	(First, Middle,	Maiden Sumer	ne)		
rked tic e	ToE	Dewey Schafter Hor	rsey, Sr.					Eunice	e Reb	ecca Be	11			
am.		19e. Informent's Neme/Reletionship	(Type, Print)		19b. Meili	ng Address	(Stree	t end Numbe	or or Rure	Route Numbe	r, City or Town	, Stete, Zip	Code)	
27 la		Patricia P. Horsey			1908	Calais	Cour	rt Bali	timore	, Maryla	nd 21244			
Important: if item 27 is mar any injury or other traumet		20e. Method of Disposition 1 Burlel 2 Cremetlon 3 4 Donelion 5 Other (Spec		Cel	nce of Dispo metery, crem Crema	metory or o	ther ple	July	y 23,	Dete 1996	20c. Location Catonsvil			
Importar any injur once.		21. Signeture of Funded Sandon Lice		1	Wi Wi	2. Neme en tzke F	d Addre	ess of Fecility al Home	of Ca		e, Inc. e, Maryla			
2 8 0		23e. Pert1. Enter the disease, or conshock, or heart feilure. List only	utal	1	16	30 Edm	onds	on Avent	ue Cat	onsville	, Maryla	nd 2122	28	
physician and s tha burlat-transit	Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest	c	Due to (or	es e consec	quence of):								
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page 2	E O									1 U Y	es 2 No	10	Yes 2	No
s certifica director,	Bec	25. Wes cese referred to medicei						26. Place	of Deeth	(Check only or	10)			
	70	exeminer? 1 Yes 2 No	Hospitel: 1 Inpati	ent 2 E	R/Outpatier	nt 3 DC	A Oti	her: 4 Nui	rsing Hom	e 52 Resid	ence 6 □Ott	ner (Specify)	
e funaral		27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28e. Dete of Injuing (Month, De	ry y Year)	28b. Time of Injury	f 2	8c. Inju Wo		21		ow injury occur			
the /	Certification:	3 Suicide 6 Could not determined	d Zoe. Piece of in	jury - At hon c. (Specify)		reel, fectory	, office		28	3f. Location (S City or Tow	treet end Num n, Stete)	ber or Rural	Route Nun	nber.
ed in by		29a. Certifier 1 Certifying P	hysician: To the best miner: On the basis of	f examinetic	ledge, deeth on and/or in	occurred vestigetion,	et the ti	me, dete enc opinion, deet	d plece, er th occurred	nd due to the o	euse(s) end m lete end place,	anner as ste end due to	eted. the ceuse(s	s)
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y filled in	Medical	(Check only 2 Medical Exa	end menner si	ateu.				se number			9d. Dete signe			
돌드	Σ	(Check only one) 2 ☐ Medical Exa 29b. Signeture end title of certifier	end menner si	mo					2		Sod. Dete signed July: Sarním			

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Yeer 10:18 pm John Robert Jackson 96 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington Adventist Hospital 7600 Carol Ave,. Takoma Park, Md Mont. 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 1-10-37 5. Sociel Security Number **Funeral** 1 □M 2 □ F 361-28-6230 Director Usuel Residence of Decedent filed within 72 hours efter death with the Meryland Hyglene. Wher than "naturel", or Nema 23a or 28a-f show 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits Pages 1 and 2 should be filed within 72 hours efter death with the Meryla nest of Health and Mental Hyglene.
Int: If item 27 is marked other than "natural", or items 23s or 28s-f show mit: If item 27 is marked other than "natural", or other treumatic event, the Medical Examinat must be notified at any or other treumatic event, the Medical Examinat must be notified as 1 Yes 2 No Director Silver Spring Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8601 Manchester Rd., Apt. 400 20901 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indien, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 X Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: Black Š 3 ☐ Widowed 4 ☑ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede com 16b. Kind of Business/Industry rede completed) District of Elementery/Secondery (0-12) College (1-4or 5+) ADP System Analyst Columbia Public 18. Mother's Neme (First, Middle, Melden Quantum 17. Fether's Neme (First, Middle, Last) John R. Jackson ESSIE WARFIELD 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 6616 FARGO ST SPRINGFIELD VA. 22150 JOHN R. JACKSON 3RD SON 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete permit. Page Department of Important: If eny Injury or once. NORTHERN VA CREMATORY 7-2596 ARLINGTON VA. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Tri-State Funeral Services 21. Signeture of Funerel Service Licenses mald a 6234 3rd Street, N.W. Washington, D.C. Transo 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Fine) 1 week diseese or condition resulting in deeth) 412erca Examiner static physician and the burief-transit certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Last Physician/Medical Due to (or es a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. ő 23b. Did tobacco use contribute to the cause of death? 1 7 Yee 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of deeth? Division of Vital Record 24e. Wes en eutopsy performed? Completed has certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No director. 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4☐ Nursing Home 5☐ Residence 6 ☐ Other (Specify) 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funerai 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending investigation death. 1 Yes 2 No 2 Accident i or Attendation of the original distribution 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide Hospital of 24 hours a Funeral D 29e. Certifier Medical 1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture and title of certifle 29c. License number 29d. Date signed (Month, Dey, Year) 18956 U Georgetour 30. Neme and address of pers who completed cause of deeth (Item 23e) (Type, Print) illen NW MD Keservoir Rd 3800 ININ 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State levy son Registrar

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene 96

						Cert	tificate of	Death			Reg. No.		ine I / ha O
	Physic /Medi		Decedant's Nama (First, Middla, La: CHARLIE	JORE	AN					2. Data of De Month JULY	Day 21, 19	Yaar 96	3. Time of Death 5PM
l.	Exami		4a. Facility Nama (If not Institution, glv. 1733 E. BALTIMOR		r)				own, or L TIMO	ocation of Death RE	4c. Count	y of Death A	
	Funeral Director		5. Social Security Number 6. S 239-48-4018 1	8X 7. A	nga (In yrs. last birti 65	hday) (rs.	If Under 1 Yaa Months Days		24 Hrs. Min.	8. Data of Bir (Month, Da JUNE 1	th y, Year) , 1931		olaca (Stata or Foreign htry) H CAROLINA
	Maryland a-f show	tor	10a. Stata 10b. County MARYLAND N/A		10c. City, Town		ation [MORE C]	TY				1	10d. Inside City Limits 1 Yas 2 No
	th with the 23a or 28	Funeral Director	10e. Street and Number 1733 E. BALTIMOR	E ST.			10f. Zip Coda 2123	31			10g. Citizan of U.S.A		ntry?
020	within 72 hours efter deeth with the Maryland ene. than "naturel", or Nems 23a or 28a-f show he Medical Examinat must be notified at	þ	11. Marital Status 1 Nevar Marriad 200 Married 3 Widowed 4 Divorced	12. Was Decedar Armed Forces 1 ☐ Yas 2 X If Yas, Giva Yaar or Datas	? No		ras Decedant of Yas, specify Cu □ Yas 2≦ No			ecify Yas or No Rican, atc.)	Ble	ce - Amaric ick, White, fy: BLA	
21215-0020	d within 72 ho giene. ir than "natur i me Medical	Completed	15. Decedant's Ec (Specify only highest gra Elamantary/Secondary (0-12) 5TH	lucation da completed) Collega (1-40	5+)	Deceda (Giva ki lifa. De	int's Usual Occi ind of work doni O NOT usa retir	upation a during mos ed)	t of work	king	16b. Kind of E		dustry PTIST CH.
Maryland	should be filed nd Mental Hygi marked other amatic event, to	To Be C	17. Father's Nama (First, Middla, Last) WILLIE JORDAN							a (First, Middla, ZZA KNI)		ma)	
	and 2 sho ealth end I n 27 is me		19a. Informant's Name/Ralationship (I		1	733	Addrass (Stree					, Stata, Zip .231	Code)
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Marylan Department of Health end Mental Hygiene. Important: If flem 27 is marked other than "naturel", or flema 23a or 28a-f show enty Injury or other traumatic event, the Medical Examiner must be notified at once.		20a. Method of Disposition Disposition Disposition Under Supering Donation 5 Other (Specify Signature of Funeral Service Light	" ()	a cematan	ORE 22. CZ	ition (Nama of atory or other pl C CEMETE Nama and Addi ALVIN B.	RY JU	GGS	FUNERAL	HOME	MORE,	MARYLAND
	Physician /Medical Examiner		23a. Part1. Enter the disease, or com shock, or heart failure. List only Immediate Cause (Final disease or condition		editheldaath. Don	ot antai		ring, such as	cardiac	or raspiratory a	rrest,	21213	Approximata Interval Between Onset and Death
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68760,	certificate be executed uning physician and use as the buriel-transit	sai Exar	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants	o. I	Dua to (or as a co	to						2	7
0x 68	eath certificete be executed ettending physician and for use as the buriel-transit	n/Medicai	rasulting in death) Last	d	Due to (or as a co	onsaqua	anca oi):					- 1	J
P.O. B	The law requires thet the death or signed by the ettend page 2 should be detached for us	y Physician	Part II. Other algnificant conditions or	ontributing to death	but not resulting in	tha unc	daifying causa g	ivan In Part I	l.	23b. Did	-		the cause of death?
Records,	e law requires hes been sign ge 2 should be	Completed by								24a. Was	an autopsy rmad?	av	ara autopsy findings allabla prior to implation of cause daath?
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Vita	Physician: this certific ral director,	o Be	25. Was casa rafarrad to medical axaminar? 1 Yas 2 No	Hospitai:			•C 200 0	ther		th (Check only o			
lon of	A Flacinis	ation: To	27. Mannar of Death 1 Natural 5 Panding 2 Accident Invastigation	28a. Data of In (Month, D			28c. Inj			oma 5 Aasl 28d. Dascribe	how Injury occu		<i>γ</i> /
DIVIS	or Atte	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined	Zoa. Placa of I	njury - At homa, fan atc. (Specify)	m, strae	at, factory, office)		28f. Location (City or To	Straat and Num wn, Stata)	ber or Rure	al Routa Number,
	To the Hospita Within 24 hours To the Funeral completely man	edicai	one) 2 Medical Exam	ysician: To the bas liner: On the basis and manners	of axamination and	daath d Vor inva	occurred at that astigation, in my	time, data an opinion, daa	id place, ith occur	and dua to tha red at tha tima,	causa(s) and m data and place	annar as s , and dua to	tated. o tha causa(s)
	Tor	W	29b. Signatura and titla of certifier	3	>		0/	y 22	-1		29d. Data sign	ad (Month,	Day, Year)
	W		30. Nama and addrass of person who	w 2	123 5	Type, P	Phys	ba	17	and !	2127/	V	0
	Sta Registr		31. Data filad (Month, Day, Year) JUL 23 1996	32 Begis	son-Rindes	2							

ITEM: 14. PER F'.H. FILM g-739 Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9/9/96 t.t Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death **Physician** Month John Jackson 16, 1996 hth 4c. County of Death /Medical 4b. City, Town, or Location of Death 6:10 P.M. 4e. Fecllity Nama (If not institution, give street end number) Examiner Baltimore Balto City Crawford Retreat If Undar 1 Yeer If Under 24 Hrs. 8. Deta of Birth
Months Deys Hours Min. (Month, Day, Year) 5. Sociel Sacurity Number 7. Aga (In yrs. iast birthday) Birthplace (State or Foreign Country) **Funeral** 1⊠M 2□ F 231 36 1937 Yre Director 66 August 4, 1929 Usual Residence of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Md. Carroll Sykesville Director 1 ☐ Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Main Street 21784 death Funeral U.S.A. 12. Was Decedent Evar In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Meritel Stetus e filed within 72 hours after of Hygiene. I other than "natural", or her telegraphic description 1 € Merried tX Yas 2 □ No Baltimore, Maryland 21215-0020 Yes, Giver orean 1 ☐ Yes 2 □ No Specify: Specify: by 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) 11 Unknown Unknown permit. Pages 1 and 2 should be file Department of Heelth and Mentel Hy Important: if flem 27 is marked other any injury or other traumatic event once. 17. Fether's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumama) Unknown Unknown 19a. informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Gail Jones 7 Schoolhouse Road Westminster, Md. 20b. Plece of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 □ Burial 2 □ Crametion 3 □ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Springfield Cemetery 7/18/96 Sykesville, Md 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Fecility Haight Funeral Home P.O.Box 195 Sykesville, Md. 21784 23a. Part1. Enter the disaasa, or complications that caused the daeth. Do not entar tha moda of dying, such as cardiac or raspiratory arrest, shock, or haart failure. List only one cause on each line. Approximata tntervel Between Onsat and Deeth Physician /Medical Immediata Cause (Final Acute My ocardial Inter ofer disaasa or condition rasulting in daath) Examiner Reperteng attending physician and for use es the buriel-transit Sequantially list conditions, if eny, leading to immediate causa. Entar Undarlying Causa (Disease or Injury that initiated avants resulting in death) Last Dua to (or es e consaguance of) Box 68760, Physician/Medical Dua to (or es e consequance of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown omentia bengis Records, à 24b. Ware autopsy findings available prior to Completed 24a. Was an autopsy complation of cause of death? page 2 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate Division of Vital If or Attending Physician: The efter death.

Director: After this certificated in by the funeral director, pa Be 25. Was casa rafarred to medical 26. Place of Death (Check only ona) Othar: 4 Nursing Homa 5 ☐ Rasidance 8 ☐ Othar (Specify) 1 Yas 2 100 Certification: To 1 Inpatiant 2 ER/Outpetient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28b Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 ONatural 5 Panding 1 Yas 2 No Invastigation 2 Accident 6 Could not be datermined 3 Sulcida 28a. Place of tnjury - At homa, farm, straet, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homlcida 1 Certifying Physicten: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicat Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifier 29c. Licensa number D 26748 29b. Signatura and titla of certifier 29d. Data signed (Month, Day, Year) Auil Wollay

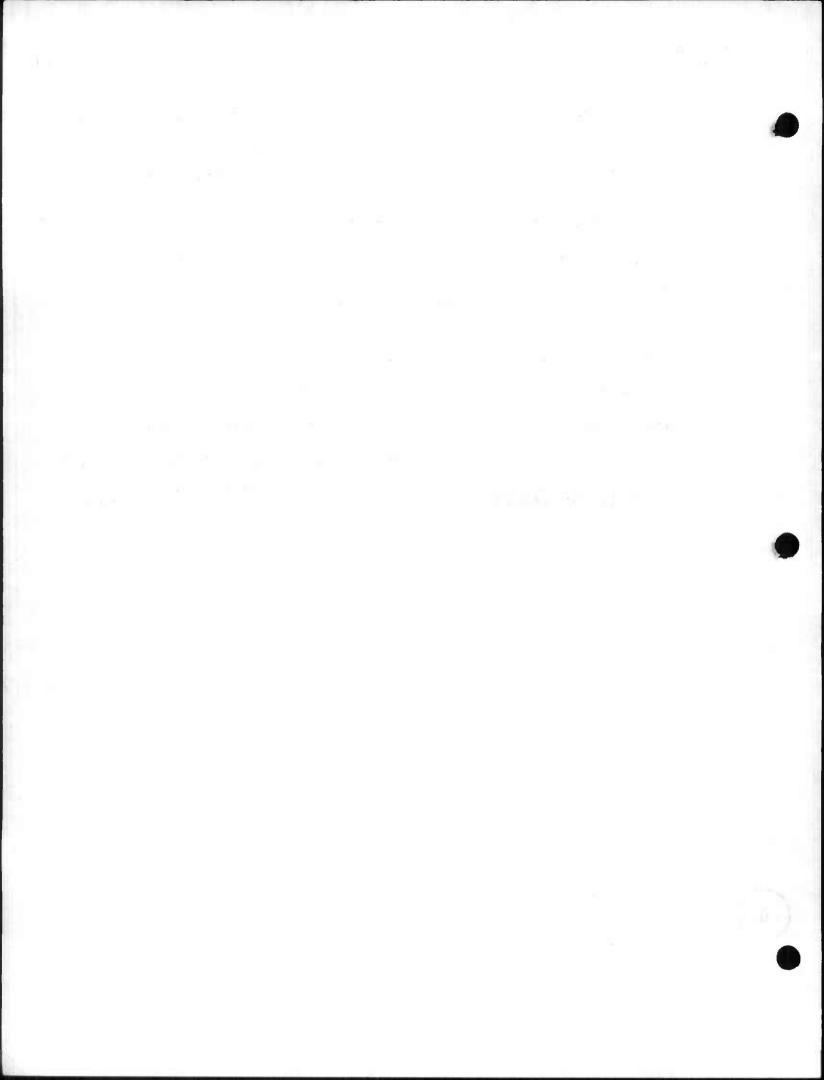
State Registrar

31. Date filad (Month, Day, Year) JUL 2 3 1996



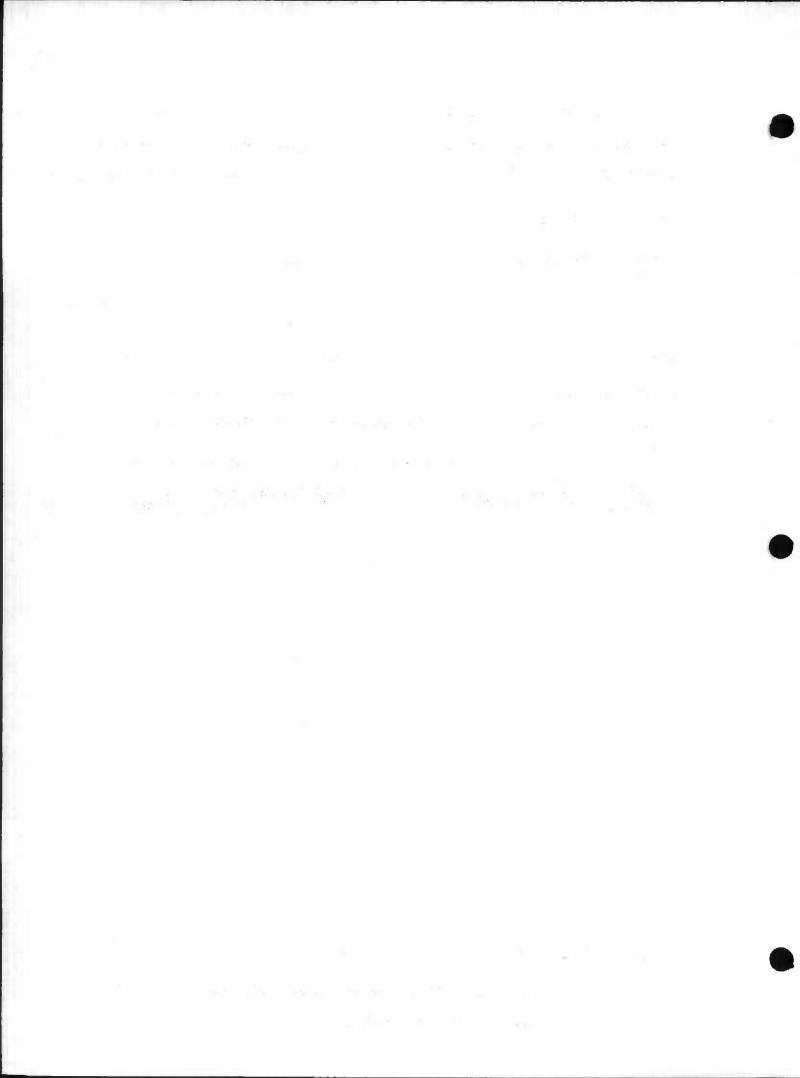
RD BALTO MD 21211

30. Nama and addrass of person who complated causa of death (Itam 23a) (Typa, Print)



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/Medical		la. Fecility Neme (If not institut						4b. C	city, Town, or	July Location of De		L8, 1 c. County		7:15	Р.
Examiner	П	St. Martin's				d				sville			timon	re	
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	-	Jsuei Residence of Decedent										, 0.5	241	CIMOIC	
though I		10e. Stete 10b. Cour			10c. C	ity, Town or Lo		1					1	0d. Inside Ci	
23a or 28a-f show unt be notified at al Director			timor	е		Cato	onsvill	re						1 🗆 Yes	2001
or 2 Dire	1	10e. Street end Number					10f. Zip Co	ode			10g. C	itizen of V	Whet Coun	itry?	
ral		601 Maiden Ch						212				U.S.			
r Items 23 Inner must		1. Meritel Stetus		Wes Dece Armed For	ces?	U,S. 13. V	Was Decedent Yes, specify	t of Hisper Cuban, M	nic Origin? (i lexican, Pue	Specify Yes or nto Rican, etc.)	No-		a - Americ ck, White,		
by F		1 Never Married 2 M 3 X Widowed 4 Divorc		1 ☐ Yes if Yes, Give Yeer or De	ZX No	1	□ Yes 2€	No Sp	pecify:			Specify	/: W1	hite	
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marked matic ev		Anthony J. Ja	gr						Mary	A. Hand	rejch	1			
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27 le		Anthony Jagr				1105	Jade Di	rive	- Bel	Air,Md	2101	L4			
r other tra	2	20e. Method of Disposition			1007	Piece of Dispos cemetery, crem	sition (Neme	of or plece)		Dete	20c. L	ocation -	City or To	wn, Stete	
Ty o		1 🖾 Buriei 2 ☐ Cremetio 4 ☐ Donetion 5 ☐ Other		emovel from S	tete	t Holy				7/22/96	Bal	Ltimo	ore		
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sician and strial-transit cal Examiner		Sequentielly list conditions, f eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	6.	Athe	Due to (or as e conseq	uence of):	He	feit	lure	cas	2		5 yr	っつ
			e. b. c. d.	Athe	Due to (uence of):	He	for	lure	ab	2		5 yn	7
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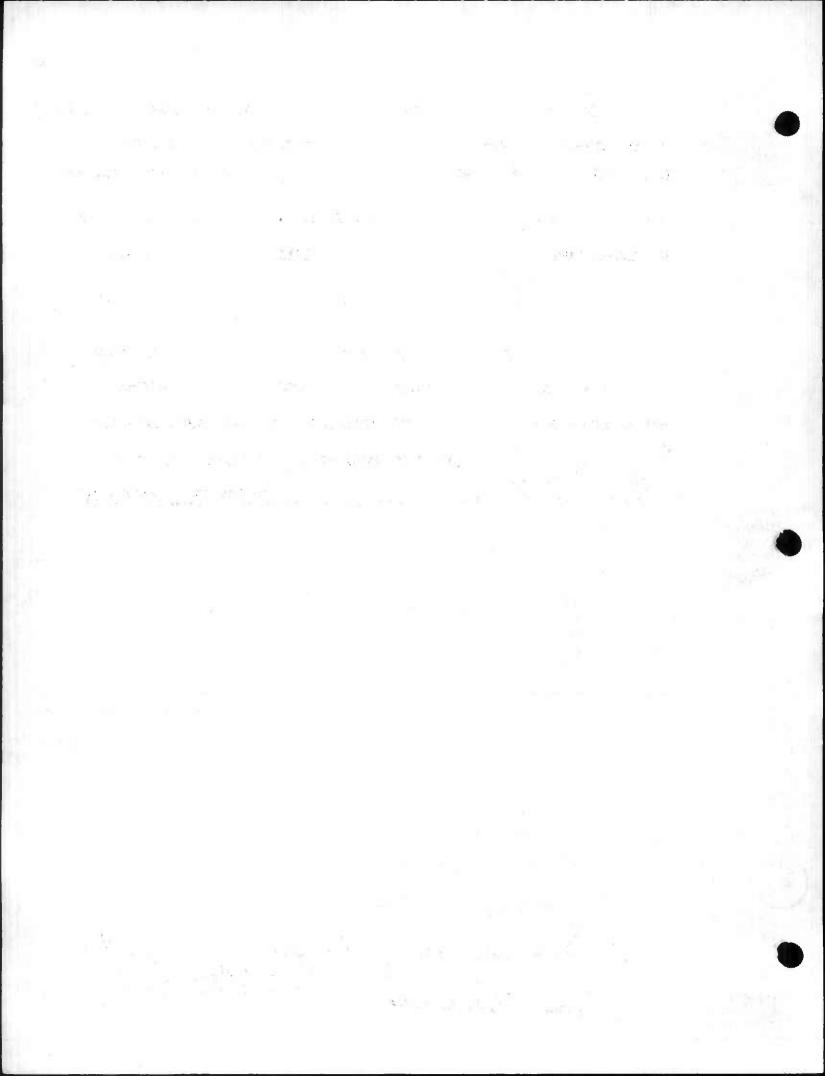
DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 96 21723

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ral tor		5. Social Security Number 212–01–5747	6. 5	i⊡M 2⊠F		(In yrs. lest bii		Months Da		nder 24 Hrs. urs Min.	8. Dete of (Month, NOV •	21,	^(ear) 1905	9. Birthp BAL	ece (State or F
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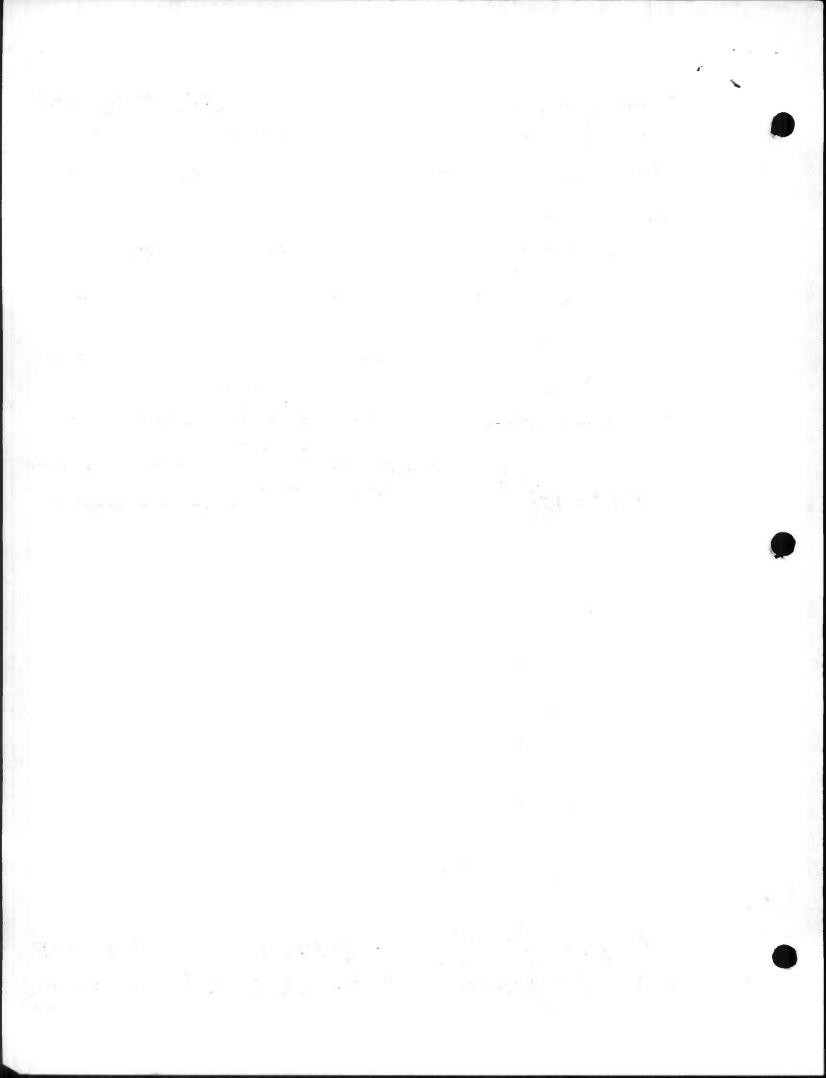


State of Maryland / Department of Health and Mental Hygiene

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· Registrar

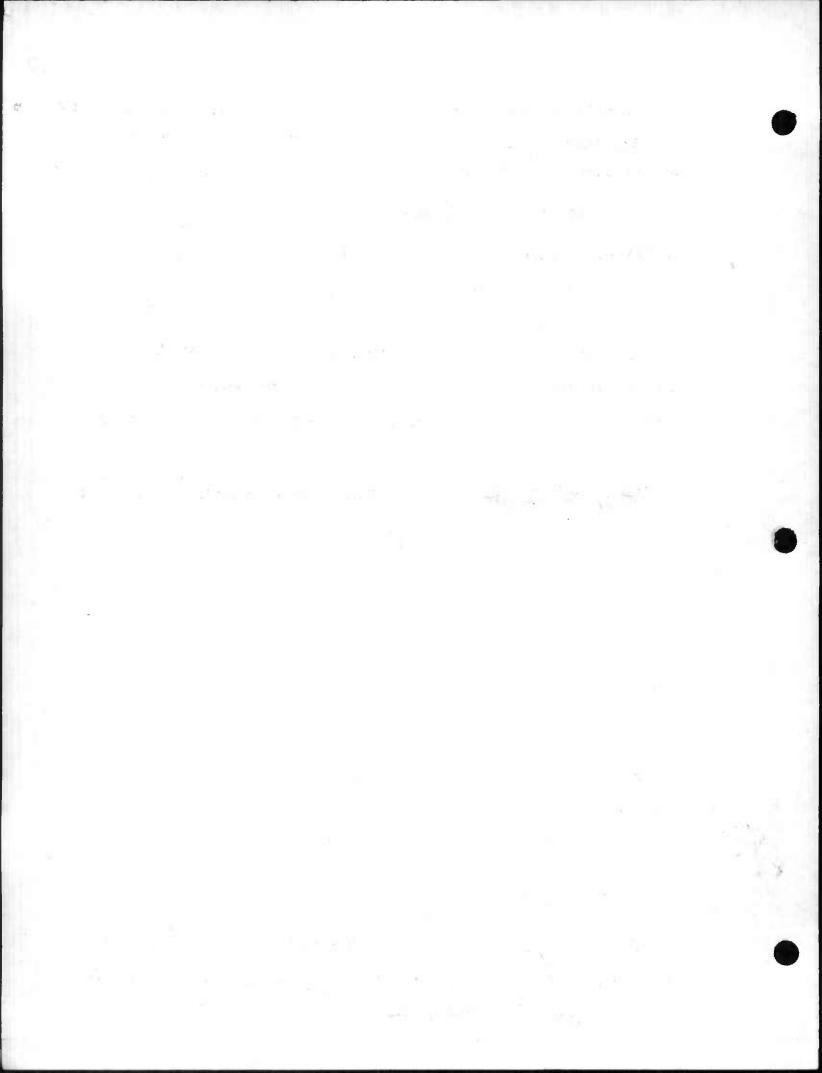


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 21725 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month 1996 8:30 P M July 16, Virginia Juliann Koppang /Medical 4a. Facility Neme (If not Institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death Examiner Dayton Howard 13524 Argo Drive If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 X Yrs Director 63 501 28 3351 Sept 8,1932 N.D. Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at Md. Howard Dayton 1 ☐ Yes 2 ☐ No Director 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 13524 Argo Drive 21036 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after to Department of Healin had Mental Hygiane. Important: if Item 27 is marked othar than "natural", or item eny injury or other traumatic evant, in the hearten. 1 ☐ Yes 2 🛣 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify 3 XWidowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Credit Co. High School Bookeeper 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Peter Dorsher Clara Knutson 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Paul Koppang 13524 Argo Drive Dayton, Md. 21036 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 7/18/96 Hampstead, MD. Carroll Cremation 21 Signature of Funeral Service Licensee 22. Name and Address of Facility Haight Funeral Home P.O.Box 195 Sykesville, Md. 21784 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Final wetastatic worlds disease or condition resulting in death) Examiner -transit The law requires that the death certificete be axecuted Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Due to (or as e consequence of): Box 68760, Physician/Medical the Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. on of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2□ No 3 Probably 4 ☐ Unknown signed t þ 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy Completed peed cartificata 1 Yes 1 ☐ Yes 2 No 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 ☐ Yes 2 XNo Other: 4 Nursing Home SA Residence 6 Other (Specify) 2 this 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? Medical Certification: 28b. Time of 28d. Describe how Injury occurred Alter 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 I Homicide 29a. Certifier 1 Certifying Phyelclan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es steted. To the Hos within 24 ho To the Fune 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature end title of certifier 29c. License number 29d. Date signed, (Month, Day, Year)

State Registrar 11065

30. Name and address of portion who completed cause of death (Item 23a) (Type, Print) PKCWa 31. Date filed (Month, Day, Year) 32. Registrar's Signature 24 dson- Randall

Columbia



TO THE HOSPITAL OR ATTENDING PHYSICIAN The that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

AL RECORDS, P.O. BOX 68760

DIVISION OF VI

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF					MENTA	L HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET	M. (AVER					МОНТ	OF DEATH		EAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-10-6481		GE (In yrs. last birthday) 81 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 2	4 HRS. MIN.	(Mont	OF BIRTH h, Day, Year)		Country,	
æ	98. FACILITY NAME (If not institution, give str ST. AGNES HOSPITA	reet and number)	01	9b. CITY		R LOCATION			.14,191	9c. COUNTY		INGTON, DE
DIRECTOR	RESIDENCE OF DECEDENT											
IRE	MD BALT	IMORE	10c. Cl	TY, TOWN (IONSV	TT T E	2			- 1	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	100. STREET AND NUMBER	IMOKE	<u> </u>			ZIP CODE	TPPE			10g. CITIZEN		HAT COUNTRY?
FUNERAL	701 MAIDEN CHOICE	LANE				2	1228	3		U.S.	Α.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 XNO		If yes, sp	ENDENT OF ecify Cuban, 2x NO	Mexican	n, Puarto	N7 (Specify Yea Ricen, etc.)	or No 14	RACE Black, Specify	- American Indian, White, atc. WHITE
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	work done				168	. KIND OF BUS	INESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12) 8TH GRADE	College (1-4 or 5+)	HOMEMAK						НОМЕ	EMAKIN	G	
OM	17. FATHER'S NAME (First, Middle, Last)		110111111			18. MOTH	ER'S NAI	ME (First,	Middle, Maiden			
BEC	JAMES E. LEE					MA	RIE	CLO	PEIN			
10	198. INFORMANT'S NAME (Type/Print) JOAN STITZ (NIECE	2)							rimore,		212	22
	20a. METHOD OF DISPOSITION 1 1 Burial 2 Commation 3 Remark 4 Donation 6 Other (Specify)	ovel from State	20b. PLACE AND DATE cemetery, crematory or LOUDON PA	of DISPOS	EMETI	me ol ERY		7/2		ATION — CIT		vn, Stata
	THE PROPERTY OF PURIFICAL PROPERTY OF	munds.		22.	NAME AP	D ADDRES		CILITY	OME, IN			
	Mancy y. 7	hompson							UE-BALI		. M	D 21229
	23. PART I. Enter the dispesses, or control of the	Liet only Dne ceuse o								ratory arres	t,	Approximate Interval Between Onset and Death DAYS
CERTIFICATION	Sequentielly list conditions, if emy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in deeth) LAST	c	AS A CONSEQUENCE									
PHYSICIAN: MEDICAL C	PART II. Other significent condition Local, alul fullilo DID TOBACCO USE CONTI	tron, Congette	a heat (forlu	Q.				24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CAUS	26. PLACE OF DE			1 ONC	EKIAH	N 120			<u> </u>	
SIC	EXAMINER?	HOSPITAL:	Outpetient 3 DOA	OTHE 4 Nu		na 5 🗆 Rad	eldence	8 🗆 Oth	er (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJU (Month, Day, Y		ME OF JURY M	WC	URY AT ORK? YES 2 _	NO	26d. DE	SCRIBE HOW I	NJURY OCCU	RED	
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF IN- building, etc.	IURY — At home, farm (Specify)	, atreet, fac	tory, offic				CATION (Street at or Town, State)	and Number or	Rural R	loute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	1				29c, LICE				29d. DATE S	GNED	(Month, Day, Year)
TO B	Blund of	my	_			D	26	לא	>	10	y,	19,1996
_	30. NAME AND ADDRESS OF PERSON WH	Kozio	usky, no		(/	4A10	EN	C	HO ICE	LA	r	21228
	JUL 23 1996	32. REGISTRAN'S	Aundall									

ian	1. Decedent's Name (First, Middle, Las	41								
i Gara		i)					2. Date of De Month	ath Day	Year	3. Time of Death
cal	Louis E. Llo						July 20	, 1996		12:15 AM
ner	4a. Facility Name (If not Institution, give					4b. City, Town, or				
	104 S Ritters 5. Social Security Number 6. Se		yrs. last birt	hdev) If Und	er 1 Year	Owings If Under 24 Hrs.			Balti	
	216-42-4629	X M 2□ F 52		Yrs. Months			(Month, De	iy, Year)), 1944	9. Birthp Coun	lace (Stete or Foreig try) Maryland
	10a. State 10b. County	100	c. City, Town	or Location					1	0d. Inside City Limits
ō	MD Baltimo	re O	Jinos	Mille						1 ☐ Yes 2 ☐ No
lrec	10e. Street and Number				ip Code			10g. Citizen of \	What Coun	itry?
	104 S. Ritters La	ne		21	117			United	State	es
Jue I	11. Marital Status	12. Was Decedent Ever Armed Forces?	in U,S.	13. Was Dec	edent of I	Hispanic Origin? (S an, Mexican, Puert	pecify Yes or No o Rican, etc.)			
by	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 ②No If Yes, Give Year or Dates:								
eted	15. Decadent's Edu (Specify only highest grad	ucation de completed)	16a.	(Give kind of w	rork done	during most of wor	kina	18b. Kind of B	usiness/inc	dustry
mpi	Elementary/Secondary (0-12)	College (1-4or 5+)		life. DO NOT	us <i>e retire</i>	nd)				
ပိ			As	semble	r Ger					
o Be									,0,	
-		iype, Pnint)	19b.	Melling Addres	ss (Street				State, Zip	Code)
	Mindy Caltrider	Daughter	4	J Shast	ta Ci	ircle Ow	ings Mi	lls, MD	21117	7
	20a. Method of Disposition		Ob. Piace of	Disposition (No. cremetory or	ame of other ple	ica)	Date	20c. Location -	City or To	wn, State
							7/23/96	Finksbu	rg. N	(D
	21. Signature of Funeral Service Licens		<u> </u>	22. Name a	and Addre	ess of Facility				
	Coth 1. les	her								1133
	23a. Part1. Enter the disease, or comp	lications that caused the	death. Do n							Approximate Intervel Between
										Onset and Deeth
	Immediate Cause (Final disease or condition	a Athenosch	Lenotic	· Can	lis	yescule	- dise	120		
-	resolving in death)									
nin		b		9					1	
Exal	Sequentially list conditions, if any, leading to immediate	Due	to (or as a c	onsequence of):				i	
cai	Cause (Disease or Injury thet Initiated events	C	lo (or ec e o	one of upper of	١.				-	
edi	resulting in death) Lest	Due	to (or as a c	onsequence of	,.					
an/N		d								
sici	Part II. Other significent conditions co	ntributing to death but no	t resulting In	the underlying	cause gi	ven in Part I.	23b. Dld	tobacco use co	ntribute to	the cause of death
Phy	1470, 40, 6	_		<i>y</i> -			10	Yes 2 No	3 Prot	bably 48 Unknow
by	, thurson									
eted							24a. Was	an autopsy ormed?	ava	ere autopsy tindings aliable prior to mpletion of cause
mpi									of	deeth?
							10	Yes 2 No	1[Yes 2□ No
	examiner?	Hospitai:			Ott	har				
	27. Manner of Death	28a. Dete of Injury	28b. T	lme ot	JUA	4 LI Nursing H				/)
atio	1 ☐Naturai 5 ☐ Pending 2 ☐ Accident investigation	(Month, Dey Yea	ir) In	njury M						
tific	3 ☐ Suicide 6 ☐ Could not be determined	28e. Placa of Injury -	At home, far	m, street, tacto	ry, offica		28t. Location (Street end Numb	per or Rura	l Route Number,
Cer		building, atc. (o)	recity)				Ony or 10	wii, Ololoj		
dicai	(Check only 2 Medical Exam)	ner: On the basis of exar	knowledge, nination and	death occurred For Investigation	d at the ti	me, date end place opinion, death occu	, and due to the rred at the time,	cause(s) and me date and place,	anner as st and due to	ated. the cause(s)
Me	29b. Signature and title of certitier.	end manner steted.		2:	9c. Licens	se number	Т	29d. Date signe	d (Month, i	Day, Year)
	1001	D c			0	2112				
	30. Name and eddress of person who co	ompleted cause of death	(Item 23a) /	Type, Print)	УĽ	115		11511	16	
	7				20	. Rende	- 4a	~D	21	13 (
te	31. Date filed (Month, Day, Year)			1		, ,				
	edical Certification: To Be Completed by Physician/Medical Examiner	MD Baltimo 10e. Street and Number 104 S. Ritters La 11. Marital Status 11. Marital Status 11. Marital Status 11. Marital Status 11. Marital Status 12. Decadent's Ediceptify only highest grad (Specify only highest grad (Specify only highest grad Its. Decadent's Ediceptify only highest grad (Specify only highest grad Its. Decadent's Ediceptify only highest grad (Specify only high	10a. State 10b. County 10c 1	10e. State 10b. County 10c. City, Tow MD Baltimore Owings 10e. Street and Number 10.4 S. Ritters Lane 11. Marital Status 1. Never Maried 2. Married 1. Armed Forces? 1. Yes 2. 25No 1. Yes 2. Ye	10e, State 10b, County 10c, City, Town or Location 10e, Street and Number 10f, Z 10e. State 10b. County Baltimore Owings Mills	10e. State 10e. County 10e. City, Town or Location 10f. Zip Code 10f	10s. State 10b. County 10c. Cety, Town or Location 10f. Zp Code 10f. Zp	Security Security	Section 100	

State of Maryland / Department of Health and Mental Hygiene Q.C.

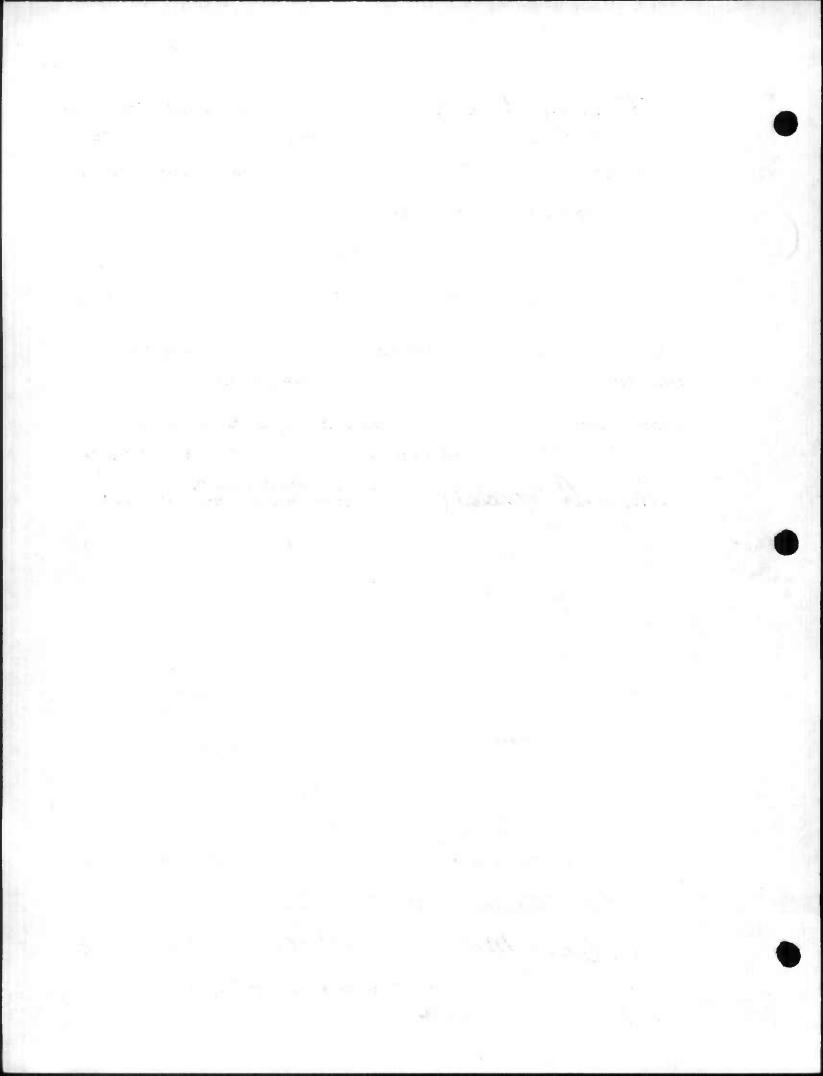
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Phys	ician	1. Decedent's Neme (First, Middle, La Harold C. Lynch	est)				2. Dete of De Month	eth 25, 1996	Year	3. Time of Deeth
V	dical	4e. Fecility Neme (If not Institution, gir	ve street end number)			4b. Citv. Town, or	June Location of Deeft			1430
Exam	niner	VA Maryland Hea		em		Post.		mi	4	
Funer Direct		5. Sociel Security Number 6.			der 1 Yeer hs Deys	If Under 24 Hrs Hours Min		y, Year) -26	9. Birthple Country	ece (State or Foreign
/land		10a. Stete 10b. County	10c. C	City, Town or Location					100	d. fnside City Limits
the Marylar 28s-f show	to	CMD CM/A	1	Baltimo	re.					1 Yes 2□ No
or 28	Oire	10e. Street and Number	1-1 1-1	10f.	Zip Code			10g. Citizen of \	What Countr	γ?
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d 21215-0020 filed within 72 hours after death with the Maryland Hygiens, they than "naturel", or items 23s or 28s-f show ont, the Matical Examination matter and they are	by Funeral Director	11. Maritel Status 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Was Decédent Ever in Armed Forces? 1	72	pecify Cubs	dispenic Origin? (San, Mexican, Puer Specify:	Specify Yes or No rto Rican, etc.)	Specify	e - America ck, White, et	
21215-0020 d within 72 hours af gjena. r than "naturef, or	Completed	15. Decadent's E (Specify only highest gr Elementery/Secondery (0-12)	ducation ede completed) College (1-4or 5+)	life. DO NO	work done	during most of wo d)	orking	16b. Kind of Bu	usiness/Indu	istry
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sryland Should be filed and Mental Hygimmerked other imetic event, I	To Be	Unknor					nknoro		10)	
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Baltimore, permit. Pagas 1 a Department of Has important: if frem eny injury or othe	OUCE	21. Signature of Funeral Service Lice	9500 No. 20	22. Name	end Addre	ess of Fecility	thrie	n Cart	Cust :	Fundral He
		23a. Pert1. Enter the disease, or com shock, or heert fellure. List only	pilcetions thet caused the decone ceuse on each line.	efh. Do not enter the m	node of dyir	ng, such es cardia	ic or respiretory e			Approximate fintervei Between
Physicia /Medica Examine	al	Immediate Cause (Final disease or condition resulting in death)	Sepsis							Onset and Death
8 # 8	liner		Tuberculos	(or es a consequenca dis/COPD	of):				?	,
68760, fficata be axecuted g physician and as the burial-transit	Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	Due to	(or as e consequence o	of):				i i	
E 0 8	Medical	thet initieted events resulting in deeth) Last	Due fo (or es e consequenca o	of):				1	
Box 6 eath certifi attending	clan	Date Other design								
ords, P.O. Box requires that the death cert and signed by the attendin	/ Physician/M	Pert II. Other significant conditions of	contributing to death but not re	sulting in the underlyin	g cause giv	en in Pert I.		Yes 2 No		the cause of death? ably 4 Unknown
tal Records, for the law requires to illeant has been signe for, page 2 should be	Completed by						24a. Wes	an eutopsy rmed?	com	e autopsy findings leble prior fo plefion of cause seth?
CE 18 SPEC	Som						10	res 20No	10	Yes 212 No
The state of	Be	25. Wes case referred to medical exeminer?	Alexantal.		T av		eth (Check only o	ne)		
	. To	1 ☐ Yes 2 ☐ No 27. Menner of Deeth		ER/Outpetient 3		4 🗆 Italiani	Home 5 Resid			
Division Division Broading Physical desired after the Director After the director after the director after the formal dire	Certification:	1 1 Neturel 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not be		28b. Time of Injury M		yet rk? Yes 2 □ No		now injury occur		
DIVI: To the Hospital or All within 24 hours after of To the Funeral Direct complately filled in by		4 ☐ Homicide determined	building, etc. (Spec	ify)			City or Tox			
he Hospital in 24 hours he Funeral piately filled	edicai	29a. Certifier (Check only one) 1 Certifying Pt 2 Medical Example 1	ysician: To the best of my kn niner. On the basis of examin and manner steted.	owledge, death occurre etion end/or Investigeti	ed et the tin lon, in my o	me, dete end plec pinion, death occ	e, end due to the urred et the time,	ceuse(s) end me dete end pleca,	enner es stel end due to t	led. he cause(s)
To the within 2 To the compia	×	29b, Signature and tills of certifie	ushu V	m	29c. Licens			29d. Dete signe	d (Month, De	ey, Year)
	j		completed cause of deeth (Ite					40)	10	
		David Lambert, 2			Baltin	more,MD	21201			
Post	State	31. Dete filed (Month, Dey, Year)	32: Registrer's Sign	notable.						

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

ysician	1. Decadant's Name (First,						2. Data of De	Reg. No. ath	Yuer	3. Time of Death
Medical		ing		Y			July	20 /	946	0120
aminer	te. Fecility Nema (If not ins		street end number) ' lical Center			4b. City, Town, or Lo		4c. Count	y of Death	le]
2007	5. Social Security Number	6. Se		last birthday)	If Under 1 Year	and the second second			,	
ctor	219-01-2324 Usual Residence of Daceda	1.	5kM 2□ F 77	Yrs.	Months Days		8. Data of Bir (Month, Da Oct.17	y, Year) ,1918	Mary	piaca (State or Forai ntry) rland
notified at rector	MD 10a. State 10b. C	ounty ne Aru		ty, Town or Lo	cation				1	0d. Insida City Limit
2 0	10e. Straet end Number 15 Beacon Co	ourt			10f. Zip Code 21 403			10g. Citizan of USA		ntry?
Examiner must	11. Maritel Status 1 □ Navar Married 2 □ 3 □ Widowad 4 □ Div		12. Was Decedant Evar in U Armad Forcas? 1 □XYas 2 □ No If Yas, Giva Year or Detas/WWII		Vas Decedant of i Yes, specify Cub	Hispanic Origin? (Spe pan, Mexican, Puarto Specify:	ecify Yes or No Rican, atc.)	- 14. Ra Bla Speci	ce - Americ ick, White, fy: Wh	
design design	15. Dec	cadant's Ed	ucetion da com <i>plated)</i>	16a. Daced	lant's Usual Occu	pation during most of works	ina	16b. Kind of E	Businass/In	dustry
completed	Elementary/Secondary (0	1	Collega (1-4or 5+)	Pharma		nd)		Medici	ne	
Be Co	17. Fathar's Nama (First, Mi	iddla, Last)				18. Mothar's Name	e (First, Middla,			
ToB	Louis Levy					Revecca	Zell			
	19a. Informant's Name/Raid	ationship (7	ype, Print)	19b. Mailin	g Addrass (Straa	t and Numbar or Rura	al Routa Numb	ar, City or Town	, Stata, Zip	Coda)
100	Esther Lev	у				rt, Annapo	olis, M	D 2140	3	
back on other	20e. Mathod of Disposition 1 ☐ Burial 2 ②Crams 4 ☐ Donation 5 ☐ Oth		Ramovel from Stata	Place of Disposementary, crem	sition (Nama of natory or other pla natory	(ce)	Date / 23	20c. Location Baltin		
any in	21. Signature of Funaral Sa	rvica Ugeni	Hendesto	4	_	Funeral H			21401	
use as the buriel-transit	disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediete ceuse. Enter Undertying Cause (Disease or injury that infliated events resulting in deeth) Last	{	c	or as a consequence or a consequence or a consequ	uance of):	ony pa	13/			y
sicial	Part It. Other significent co	nditions co	ntributing to death but not ras	ulting in the un	dariving ceuse gi	van In Part I.	23b. Did	tobacco usa co	ontribute to	the cause of deat
by Physician/M	1 Lepode							Yes 2 No		bably 4 ☐ Unkno
eted	Cerebal	hr	mag				24a. Wes perfo	an autopsy rmed?	eve co	are autopsy findings eileble prior to mplation of causa daath?
on Co							10	res 2 No	10	Yas 2□ No
Be C	25. Was cesa refarred to me axaminer?	edical			* 11	26. Placa of Death	(Check only o	na)		
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ion:		anding	28a. Data of fnjury (Month, Day Year)	28b. Time of Injury	28c. Inju Wo		28d. Describe I	now Injury occu	rred	
led in by the funera Certification:	3 ☐ Suicide 6 ☐ C	vastigation ould not be atarmined	28a. Place of Injury - At he building, atc. (Specification)	oma, farm, stra		Yas 2 No	28f. Location (S City or Tox	Streat and Num vn, State)	ber or Rura	I Route Number,
8 0	29e. Certifiar 1 Certifiar (Check only one)	tifying Phy dical Exami	elcfan: To the best of my kno ner: On the basis of exemine and mannar stated.	wledga, daath tion end/or Invi	occurred et tha ti astigation, in my o	ma, data and place, e	end dua to tha ed at the time,	causa(s) and m	snnar as st	tated. tha cause(s)
dical		ertifiar	diametrial states.		29c Licans	sa number		29d. Date signe	ed (Month,	Day, Year)
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pietely fill	· 1. 6	re	- MID		70 -	0361		July.	22,	1996
completely fill.	· 1. 6	rson who co	omplated ceuse of death (Itan		Print)	236/ e, Annapo		J24,	22,	KISK

DHMH 16 Rev 6/95



Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legibie. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth UCAS Month **Physician** WILLIAM JOHN 3:35 PM JULY 20 1996 /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Baltimore City Good Samaritan Hospital N/A | Months | Deys | Hours | Min. | Oct. | 20, 1920 9. Birthplece (State or Foreign Country)
Mary Land 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months 1 MM 2□ F 219-07-8923 Yrs 75 Director Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after death with the Maryland nent of Health and Mental hygiene. Int: If Item 27 is marked other than "natural", or Items 23s or 28s-f ahow 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f ahow the Medical Examiner must be notified at Maryland N/A Baltimore City 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3821 Bayonne Avenue 21206 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ½ Yes 2 □ No If Yes, Give 9/29/42— Yeer or Detes: 2/25/44 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Status 14. Rece - American Indian, Bleck, White, etc. 1 Never Married 2 Merried Saltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2X No þ Specify: White 3 ☐ Widowed 4 ☐ Divorced 8/25/44
16a. Decedent's Usuel Occupetion
(Give kind of work done during most of working life. DO NOT use retired) Completed 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Years Accountant City of Baltimore 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Joseph Anthony Lucas Ursula Unknown Anderson 2 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Anna Mary Lucas / Wife 3821 Bayonne Avenue, Baltimore, Maryland 21206 item 2 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State Important: If it any injury or o 1⊠ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete permit. Page Department of 7/24/96 Baltimore, Maryland Parkwood Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 22. Neme end Address of Fecility John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximete Intervel Between Onset and Death **Physician** Immediete Ceuse (Finel disease or condition resulting in deeth) /Medical Examiner to (or as a consequence of) Examiner INTRAVASCULAR COAGULOPATIO iclan end burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last). Box 68760, FAILURE Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? P.0 signed by detach 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24a. Wes an eutopsy performed? Completed certificata has b

24b. Were autopsy findings avellable prior to completion of cause of death? 2 No 1 Yes 2 No 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Impatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 1 Neturei 5 Pending 1 Yes 2 No investigetlon 2 Accident 3 Suicide 6 Could not be 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide

29e. Certifier (Check only one) 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture end title of certifier >2. M

29c. License number Pg 3401 29d. Date signed (Month, Day, Year) 20, 1996

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) 5601 Loch Raven Blvd, Balhmerc, MD

Zattam musselmani 21239

IVA State Registrar

31. Dete filed (Month, Dey, Year) 23 1996



or Attending Physician:

funeral director.

After this

death.

after death Director:

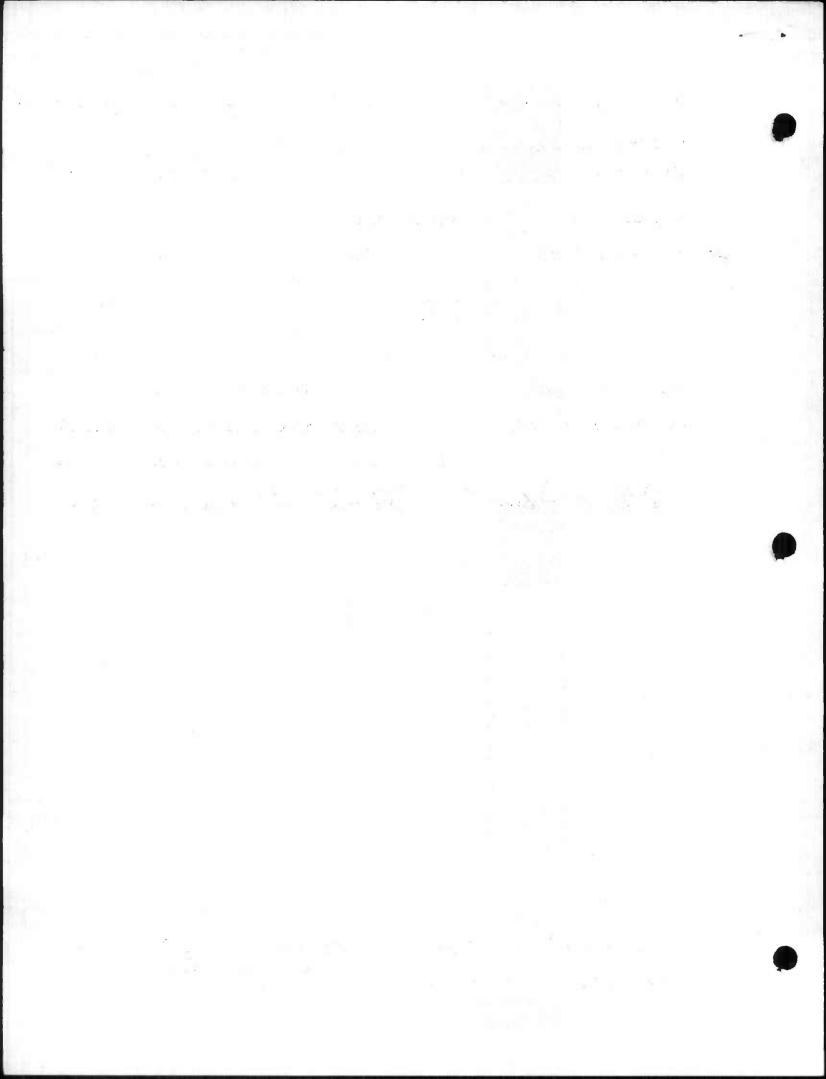
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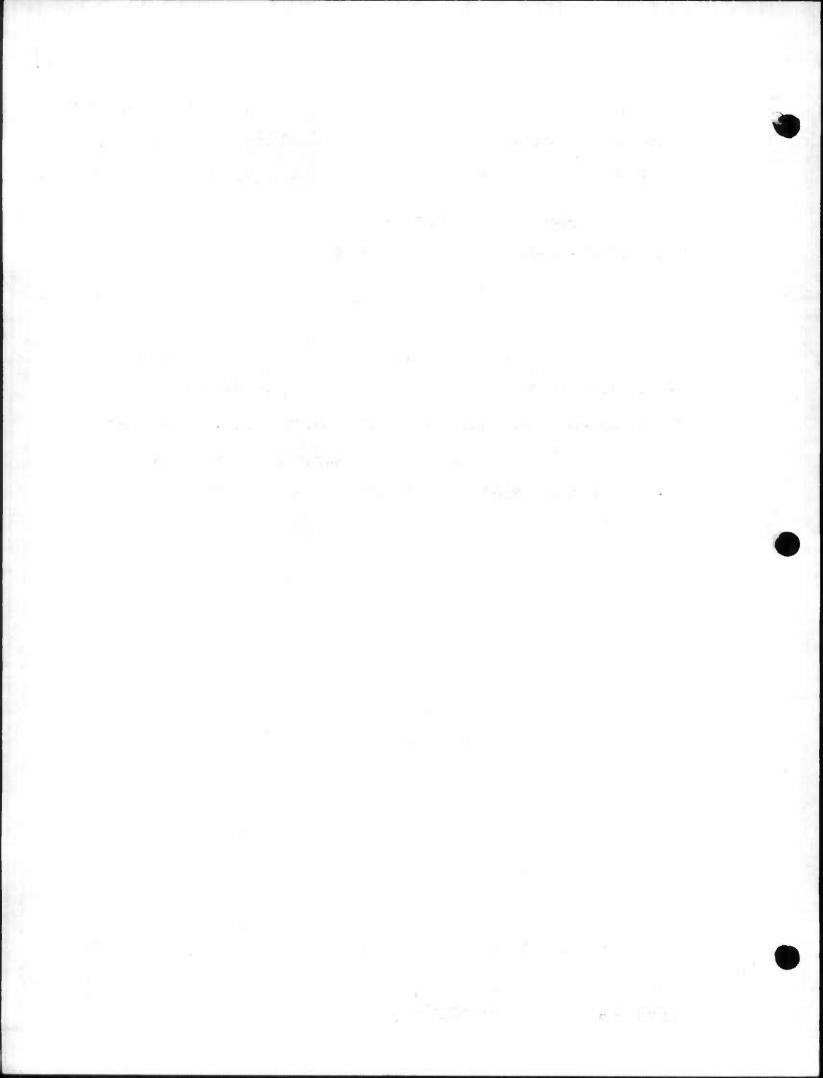
Medical



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5. Social Sacurity Number 6.	A, MILL Va street and number) DSPIAL CEN Sax 1 M 2 F 7. Aga (In yrs 49 10c. C RE B 10c. C RE B 11 Yas, Giva Yaar or Datas: Iducation ada completed) Collega (1-4or 5+) 2 YRS 11 LLER (Type, Pnit) AZEVEDO (SON) 20b.	ity, Town or ALTIMO	y) If Under 1 Year Months Days Location ORE 10f. Zip Coda 21220	Hours Min. Hispanic Origin? (Span, Maxican, Puarto Specify:	8. Deta of Bi (Month, Di (MAY 13	th 4c. County RAU rth ay, Year) , 1947 10g. Citizen of V U.S.A. o- 14. Race Blace Specify 16b. Kind of Bu RET	9. Birthple Countries RALE 10 Vhat Countries - Amarica ck, Whita, a chylishass/Indu	aca (State or Foreigny) EIGH, N.C. od. Inside City Limits 1 □ Yas 2 ☒ No
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shock, or haart failura. List only Immadiata Causa (Final disaasa or condition rasulting in daath)	a. LVNQ	CAR	RMOMIS	ng, such as cardiac	or raspiratory e	arrast,		Approximate Interval Batween Onsat and Death
Sequantially list conditions, if any, laading to immadiata cause. Entar Underlying Cause (Disease or Injury that initiated evants rasulting in daath) Last	С							
art II. Other significant conditions of	contributing to death but not rea	sulting in tha	undarlying causa giv	van in Part t.		_		the cause of dea
		_			24a. Was	s an autopsy ormed?	avai	ra autopsy finding ilable prior to apletion of cause eath?
25. Was case referred to medical				26. Place of Daat			10	Yaa 25No
27. Manner of Death 1 Matural 5 Pending 2 Accidant 3 Sulcida 4 Homicida	28a. Date of Injury (Month, Day Year) on 28e. Place of Injury - At h building, atc. (Speci	28b. Tima Injury Ioma, farm, s	of 28c. tnjur Wor M 1	nan: 4 □ Nursing Ho yat k? Yes 2 □ No	ma 5 Ras 28d. Dascribe 28f. Location (City or To	Idanca 6 Oth how injury occurr (Street and Numb wn, Stata)	er or Rural	Routa Numbar,
one) 2 Medicai Exam	nysician: To the best of my kno minar: On the basis of examina and manner stated.	owledga, daa ation and/or l	nvastigation, in my o	pinion, daath occurr	and due to tha red at tha tima,	, data and placa, i	and dua to	tha causa(s)
T, Charle	- House Of	FICER	- AS 2	441616.		JUCY 1	8. 1	996.
Indiana Siff CCChhra	shock, or haart failura. List only shock, or haart failura. List only mmadlata Causa (Final isaasa or condition asulting in death) Gequantially list conditions, any, leading to immadiata ause. Entar Underlying ause (Disease or Injury hat initiated evants asulting in death) Last 5. Was case referred to medical axaminar? 1	Amanger of Death 1 Manner of Death 1 Manner of Death 1 Manner of Death 1 Manural 2 Accidant 3 Suicida 4 Homicida 2 Medical Examinar: On the basis of axaminar (Check only one) 20 Medical Examinar: On the basis of axaminar and mannar stated. 2 Registrar's 10 Name of Death (Ital Day, Year) 3 Signatura and addrass of person who complated cause of death (Ital Data filled Month, Day, Year) 1 Deata filled Month, Day, Year) 3 Signatura of Death (Check only one) 2 Registrar's 100 3 Signatura and addrass of person who complated cause of death (Ital Data filled Month, Day, Year) 3 Signatura of Death (Check only one) 3 Signatura and addrass of person who complated cause of death (Ital Data filled Month, Day, Year) 4 Registrar's 100 5 Registrar's 100 1 Deata filled Month, Day, Year) 3 Signatura and filled Month, Day, Year) 3 Signatura and filled Month, Day, Year) 3 Signatura and filled Month, Day, Year) 3 Signatura and filled Month, Day, Year) 3 Signatura and filled Month, Day, Year) 3 Signatura and filled Month, Day, Year)	Shock, or heart failure. List only one cause on each line. Immediate Cause (Final isease or condition asulting in death) Due to (or as a consideration in the caused the death) Due to (or as a consideration in the caused the death) Due to (or as a consideration in the caused the death) Due to (or as a consideration in the caused the death) Due to (or as a consideration in the caused the death) Due to (or as a consideration in the caused the death) Due to (or as a consideration in the caused the death) Due to (or as a consideration in the caused the death but not resulting in the death) Due to (or as a consideration in the caused the death but not resulting in the death) Due to (or as a consideration in the caused the death but not resulting in the death) Due to (or as a consideration in the death but not resulting in the death) Due to (or as a consideration in the death but not resulting in the death) Due to (or as a consideration in the death but not resulting in the death) Due to (or as a consideration in the death but not resulting in the death) Due to (or as a consideration in the death but not resulting in the	A Part Enter the disease, or complications that caused the death. Do not enter the mode of dying shock, or heart failure. List only one cause on each line. Immediate Cause (Final issees or conditions as utiling in death) Due to (or as a consequence of): Due to (or as a conse	A 10 WILKENS AVENUE Shock, or heart failura. List only one cause on each line.	Authoritical Auth	Sale Plant Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Carcillary Carcil	All Commons All Commons

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use as the burial-transit permit. Pages 1, 2, 3 should 24 hours after death, Page 6 may be retained by the hospital or attending physician, Jo. detached once. director, page 5 should be notified at must be examiner the funeral or removal, medical filled in by or other traumatic event, the cremation, has been signed by the attending physician and completely Dept. of Health and Mental Hygiene prior to burlal, crematis HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 shows any injury, item THE FUNERAL DIRECTOR; After this certificate filed within 72 hours after death with the State is marked, or item 28 MPORTANT: II 23

31. DATE FILEO (Month, Day, Year)

JUL 231

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF DEATH 1996 O7 saura Elizabeth Marable 21 4:00 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH a. BIRTHPLACE (St HOURS 1 M 2 X F 85 16018 96. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Homo Belvedere EDENT 10b. COUNTY 10e. STATE 10d. INSIDE CITY Himore a 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? S.K 2123 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Ri 1 — YES 2 NO Specify: BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUSTRY 8 gh College (1-4 or 5+) omestic omestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First BE 2005 ORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number 2 1 apt C mf. 21229 nc 2705 METHOD OF DISPOSITION
Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of JAM 20c. LOCATION Donation 5 Other (Specify) National Men, Park 25, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Douglass Funeral Service 1901 McCulloh Street, Battimore, Mal. 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) open a DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part II. 244. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MMILABLE PRIOR TO COMPLETION OF CAUSE I I YES 2 NO 1 TYES 2 M HO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one OTHER: 1 YES 2 WHO 1 [] inpatient 2 [] ER/Outpatient 3 [] DOA 5 - Reside 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. BIJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 2 Accident I YES 2 NO BY 26s. PLACE OF INJUSTY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) Could not be 4 [] Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated 29d. OATE SIGNED (Month, Day, Year) BE 22 3066 2

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32 REGISTRAR'S SIGNATURE

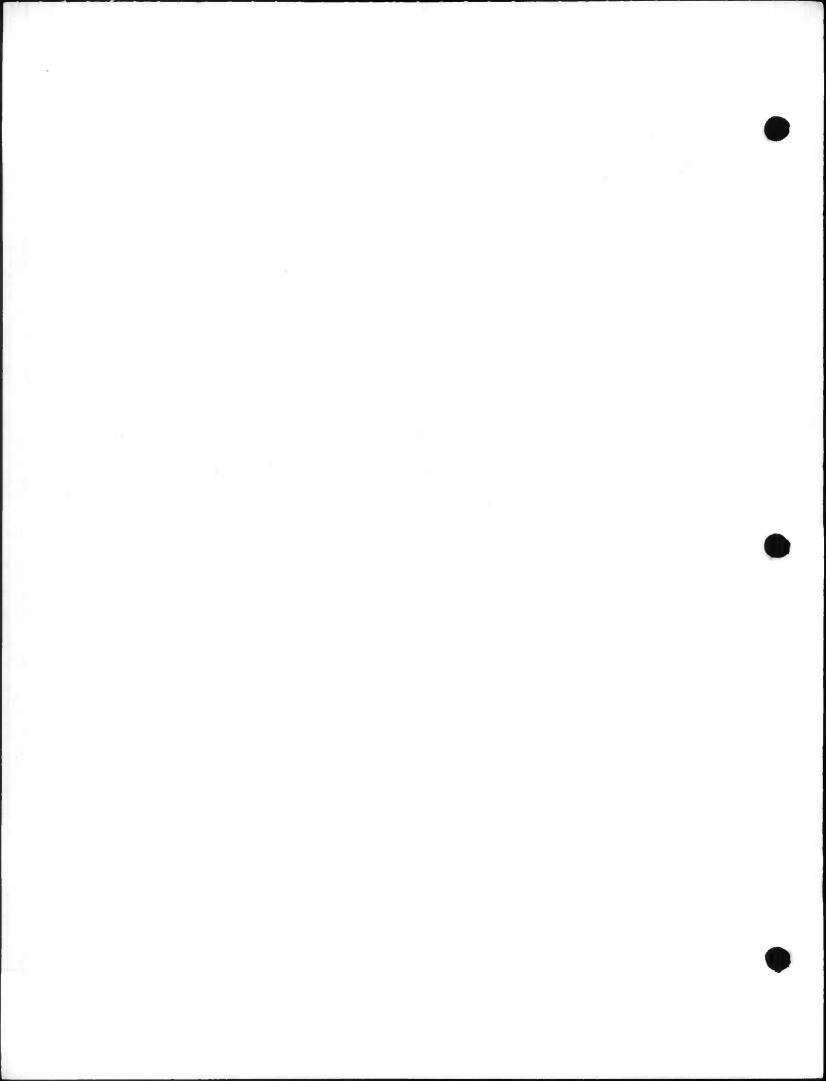
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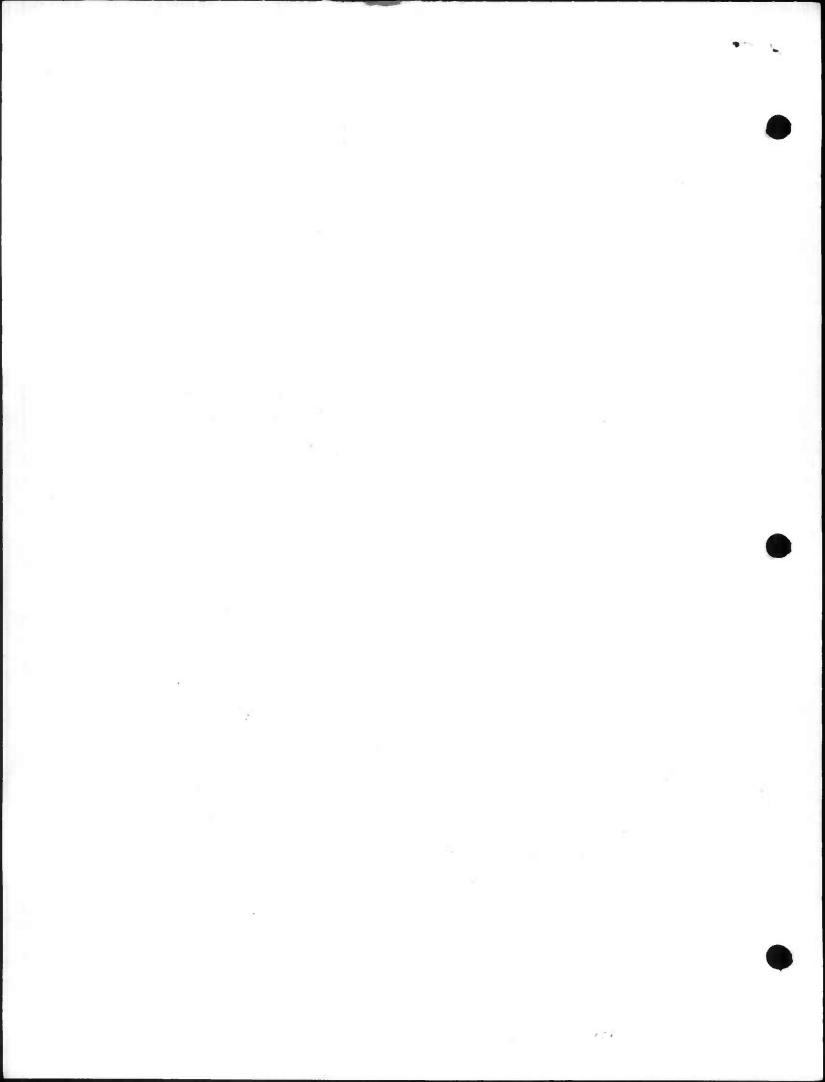
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		t permit. Pages 1, 2, 3 should		
AND 21215-0020	e hospital or attending physician.	etached for use as the burial-trans		nce.
NITAL RECORDS, P.O. BOX 68760 MBALTIMORE, MARYLAND 21215-0020	AN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	a militrate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		1, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
X 68760 W/BA	executed within 24 hours after d	in and completely filled in by the	The State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	umatic event, the medical e
ECORDS, P.O. BO	quires that the death certificate b	in signed by the attending physicia	if Health and Mental Hygiene prior	nows any injury, or other tra
SON OF VITAL R	The faw re	The this profificate has bee	In State Dept. of	8 is marked, or item 23 st
DIVI	TO THE HOSPITAL DR AT	TO THE FUNERAL DIRECT	be filed within 72 hours a	IMPORTANT: If Item 2

	FOR 1 • STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			ENTAL HYGIENE REG. NO.	20				
	1. DECEDENT'S NAME (First, Middle, Last)	Catherine E	atherine E. Moran			DATE OF DEATH 3. T		3. TIME OF DEATH 8:30 PM M			
OR	4. SOCIAL SECURITY NUMBER 212–18–5518	25.50		F UNDER 1 YEAR ONTHS DAYS	HOURS MIN	7. DATE OF BIRTN (Month, Day, Year) NOV. 25,19	8. BIRTH Count	PLACE (State or Foreign ny) ryland			
	86. FACILITY NAME (If not Institution, give str Manor Care Nursin	ing Home 96. CI			R LOCATION OF DEAT	TN	9c. COUNTY OF DEATH Baltimore				
DIRECTOR	RESIDENCE OF DECEDENT			TOWH OR LOCATION			10d. INSIDE CITY				
	Md. Bal	timore	Balt	Baltimore		LIMITS? 1 TYES 2					
COMPLETED BY FUNERAL				101.	10f. ZIP CODE 21227		10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES		If yes, spe	13. WAS DECENDENT OF HISPANIC ORIGIN? (Spe If yes, specify Cuben, Mexican, Puerlo Rican, 1 YES 2X NO Specify:		se or No— 14. RACE — American Indian, Black, White, etc. Specify: White				
	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondery (0-12)				N st of working	16b. KIND OF BUSI	NESS/INDUSTRY				
MP	10		Homemaker				Own Home				
	17. FATHER'S NAME (First, Middle, Last) Unknown Haine				18. MOTNER'S NAME (First, Middle, Maiden Surname) Elizabeth Unknown						
BE	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural Ro	Number or Rural Route Number, City or Town, State, Zip Code)					
입	Mary P. McKenna (Daughter) 5812 Judge Dobbin Court Baltimore, Maryland 21227										
	t K Burlet 2 Cremation 3 Remo	ATION — City or Town, State Llawn, Maryland									
	21. SIGNATURE OF FUNERAL MERVICE LICENSEE			Witzke	tzke Funeral Home, Inc. 30 Edmondson Avenue Catonsville, Maryland						
z	iMMEDIATE CAUSE (Final disease or condition resulting in death)	d-Stage Lympl	ch line.		de of dying, such	aa cardiac or reepir	atory arrest,	Approximate interval Batween Onset end Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitieted events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL	PART II. Other aignificent conditions contributing to deeth but not recuiting in the					PERFORMED? 1 YES 2 NO COMPLET OF DEATH 1 YES		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
NAN	25. WAS CASE REFERRED TO MEDICAL	WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)									
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpa	itient 3 DOA	Nursing Hom	e 5 - Reeldenca 8	Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? M 1 TYES 2 NO					JURY OCCURED				
0	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home building, etc. (Specify)			me, ferm, atreet, factory, office 28f. LOCAT		28f. LOCATION (Street or City or Yown, State)	CATION (Street end Number or Rural Route Number, or Town, State)				
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end placa, and due to the cause(e) end manner se stated. 2 MEDICA EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(s) end manner se stated.										
BE	b. SIGNATURE AND TITLE OF LERTIFIER 29c. LICENSE NUMBER D42736 29d. DATE SIGNED (Month, Dey, Your)										
30. NAME AND ADDRESS OF CHISCH WAS COMPLETED CAUSE OF CHISCH FIRE TO (Type, Print) Ayman Akkad, M.D. 7600 Osler Dr Towson, Maryland 21204 31. DATE FILED (Month, Oby, Ver) 32 PETISTRAS S. SIGNATURE											
											1111 2 3 1995

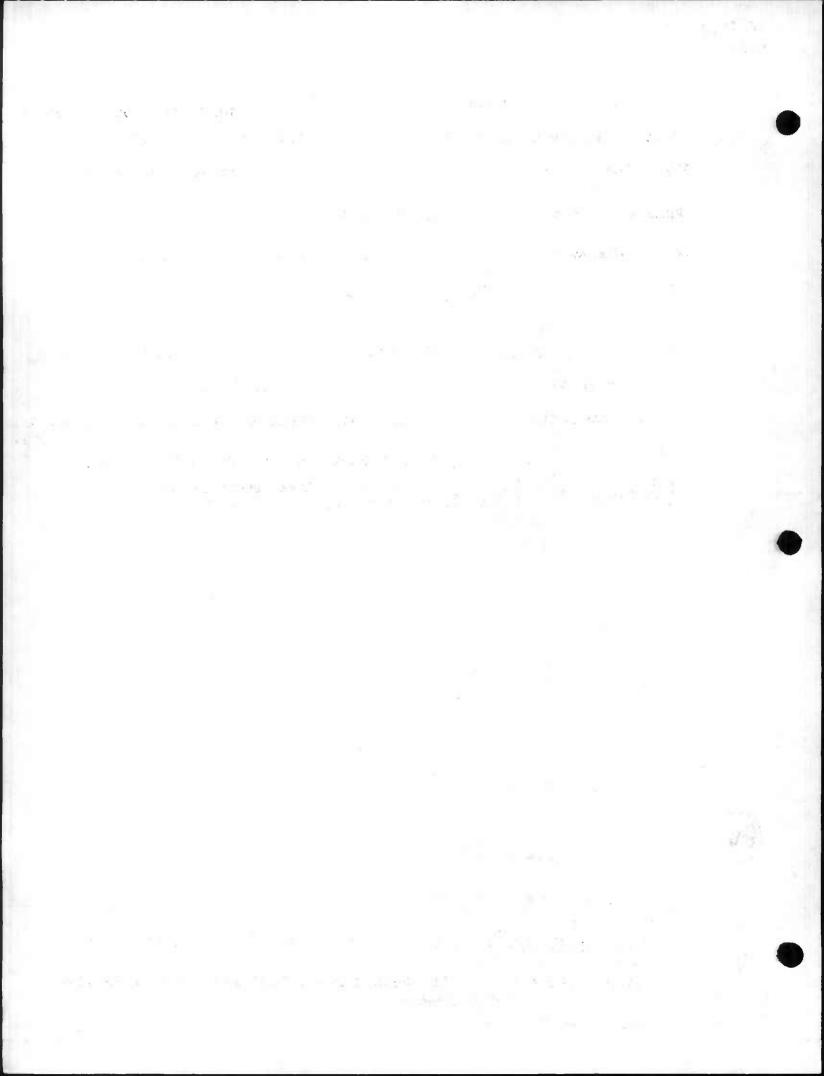


State of Maryland / Department of Health and Mental Hygiene 96 21735

														No.		
/sician	1	Decedent's Name (First, M.) GERARD	idale, La		OORE							2. Date of Month		Day	Yeer	3. Time of I
ledical aminer	1 2	e. Facility Name (If not institu UNIVERSITY		re street and n	u <i>mber)</i>	II				lb. City, To		JUL ocation of De		18, 4c. County N/	y of Death	1:5
eral ctor		Sociel Security Number	6. 5			yrs. last birt		If Under 1 Y Months D		If Under Hours		8. Date of I	Birth Dey, Ye	aar)	9. Birthr	plece (Stete or ntry)
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I Director	1	0e. Street and Number	VEN	JE				10f. Zip Co	de	2121	7			Citizen of		ntry?
by Funeral Director		1. Marital Status Nover Married 2 N 3 Widowed 4 Divorce		Armed F	2∕∑ XNo	ln U,S.		as Decedent 'es, specify Yes				ecify Yes or I Rican, etc.)		14. Rac	ca - Americ ck, White,	
eted		15. Deced	dent's Ed	ducation		16a.	Decaden (Give kin	nt's Usuel O nd of work d NOT use re	ccupa	ation	t of work	ina	16b	o. Kind of B	usiness/in	dustry
Be Completed		Elementary/Secondary (0-12 N/A			(1-4or 5+)			NOT use r	etired)))	OF WORK	mg	В	BALTIM	ORE S	SUN PAF
Be	1	7. Father's Name (First, Midd								18. Mothe		First, Midd	le, Meia		-	3 21
10		JAMES CALVIN										REY DI				
J.	Ι,	9a. Informent's Name/Relation KAREN SMITH—										PT. 11				Code) LLS, MD
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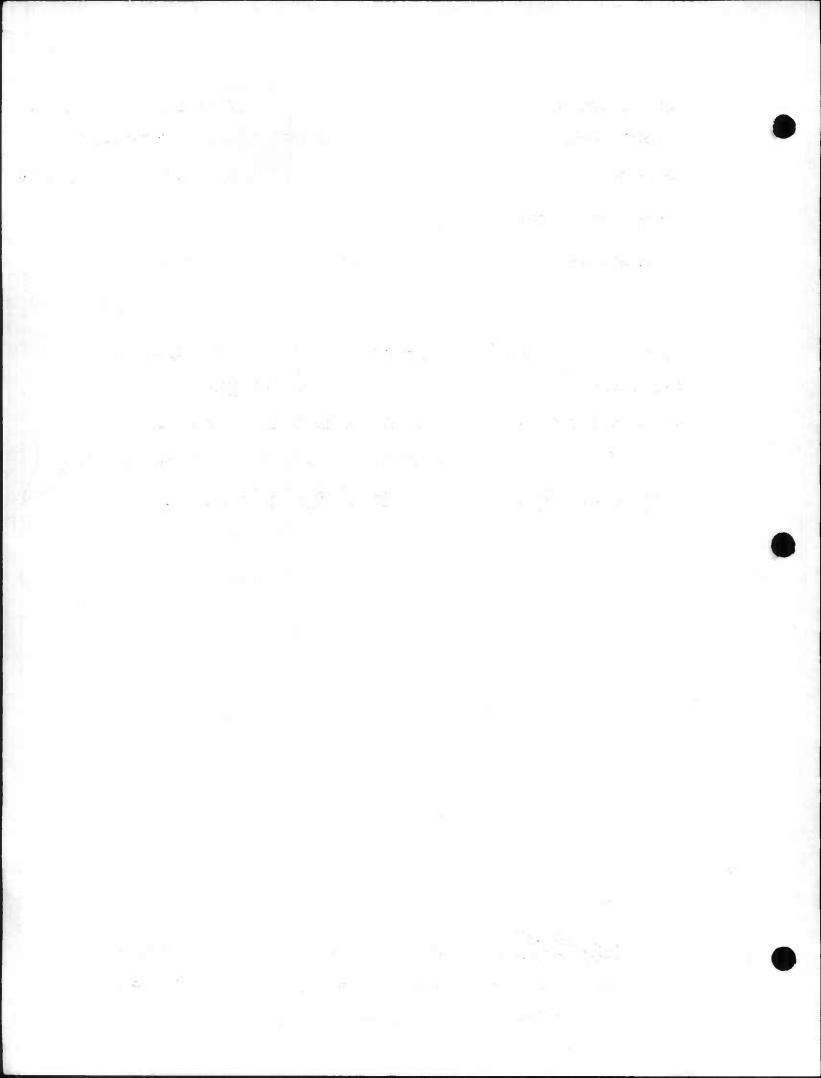
State Registrar

31. Date filed (Month, Dey, Year)



		Decedant's Nam-	o /Finnt haiddin i		or iviaryiai		rtificate o		nd Mental	Reg. No.	96	21736
Physic /Medi		HARRY H.	NADOLSKI					(2. Date of Month	17, 1996	Year	3. Time of Death 7:25 A.M.
Exami	ner	4a. Facility Nama (/ 5004 BARTO		ive street and nu	umber)			4b. City, Tow BALTIMOR	n, or Location of D E		County of Dea	
Funeral Director		5. Social Security N 213–32–4844 Usual Residence of		Sax 1 M 2 □ F	7. Age (In yrs 60	. last birthday) Yrs.	If Undar 1 Yes Months Day		Min. (Month	f Birth b, Day, Year) 3, 1936	9. Bir Co BALT	thplaca (Stata or Foreign buntry) IMORE, MARYLANI
inyland show		10a. Stata	10b. County			ity, Town or Lo	ocation					10d. Inside City Limits
the Ma 28a-f s	Directo	MARYLAND 10e. Street and Nur	BALTIMORE	CITY	BAL	TIMORE	10f. Zip Coda			100 000		11√2 Yes 2□No
3a or		5004 BARTON					21206			U.S.A	zen of What Co	ountry?
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiene. 7 is marked other than "natural", or frems 23a or 28a-f show traumatic event, the Medical Experient must be notified at	by Funeral	11. Marital Status	ed 2 Married	12. Was Dec Armed F 1 V Yes If Yes, G Yaar or 0	cedent Evar in torces? 2 No iva Dates: / O #				n? (Specify Yas o Puerto Rican, etc.	r No- 1	14. Race - Ama Black, White Specify:	te, etc.
72 ho	eted	(Spec	15. Decedent's	Education rade completed))	16a. Dece	dent's Usual Occ kind of work don	upation e during most o	of working	16b. Kir	nd of Business	
21215-0020 a within 72 hours af piene. them "natural", or them "natural", or the Medical Exem	Completed	Elementary/Seco	ndary (0-12)	College ((1-4or 5+)	life.	DO NOT use reti INE SERVIO	red)		SELF	EMPLOYED)
Maryland 2 d 2 should be filled th and Mental Hygis 7 is merked other traumatic event, is	To Be C	17. Fathar's Name (st)					s Name (First, Mid RET WEBS	ddle, Maiden S		
Maryla 12 should 12 should 18 merke 18 merke		19a. informant's Na					-		or Rural Route N			Zip Code)
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Pages nent of Int: If the iry or or			Cremation 3		SIBIO	Seller Comment	TORY, INC.		, 1996		MARE, MAR	
Baltimore, permit. Pages 1 at Department of Hea- Important: If Nems any Injury or other		21. Signature of Fu	ma	ARDO	Sha	L	2. Name and Add	VERAL HOM	,			
Physician /Medical Examiner		23a. Part1. Enter the shock, or head immediate Cause (disaasa or condition resulting in death)	rt fallure. List on	plications that y ona causa on a.	each line.	or as a conse	thmic	ying, such as c	ardiac or raspirate	ry arrast,	-21200-0	Approximate Interval Batween Onset and Death
death certificate be executed the attending physician and of for use as the burish-transit	ın/Medical Examiner	Sequentially list confidence and the cause. Entar Unde Cause (Disassa or that initiated evants resulting in death) L	nditions, madiata rtyling Injury	c	ische Due to (or as a consecutive or as	card quance of):	y di	sease			>5 years
by the tache	Physician/Me	Part II. Other significant	4	contributing to d	1	sulting In the u	ndarlying cause (given in Part 1.		Did tobacco (to the cause of death?
Or VICAL RECORDS, Prysician: The law requires the wis certificate has been signed all director, page 2 should be de	Completed by			7-0010					24a. \	Was an autoperformed?	-,	Were autopsy findings availabla prior to completion of cause of death?
The la sate ha	Com									1□Yas 2	No	1 ☐ Yes 2 ☐ No
Of VITAL I	o Be	25. Was case referrexaminer?		Hospital:				Whor	of Death (Check o			
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	Certification:	3 ☐ Sulcida 4 ☐ Homicide	6 Could not datarmine	A ZSO. PIRCE	e of Injury - At h ing, atc. (Speci	noma, farm, str	reet, factory, offic	ө		on (Street and r Town, State)		ural Route Number,
To the Hount within 24 hour To the Furer completely IIII	edicai (29a. Certifiar (Check only one)	12 Certifying F 2 Medical Exe	ıminar: On tha b	best of my kno easis of examina oner stated.	owledge, death ation and/or in	n occurred at the vestigation, in my	tima, date and opinion, daath	placa, and due to occurred at the ti	the cause(s) me, date and	and manner a placa, and du	s stated. e to tha cause(s)
To the To the comp	M	29b. Signatura and	title of cartains	1//				nse number		29d. Date	signed (Mont	th, Day, Year)
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Tri			HALEVY	MD,4			> AVEN	F, BAC	TIMORE	No	2100	4
Sta Registi		31. Date filed (Mont	JUL 23	1996 32. F	Perstrar's Sign	ature	nde 82					

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State of Maryland / Department of Health and Mental Hygiene

21737 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Dey Physician Month Year Thelma A. Newcomer 1330 July 22, 1996 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** N/A Baltimore Genesis Eldercare - Homewood 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. Dete of Birth (Month, Day, Yeer)
Jun 22, 1924

Birthplece (Ste Country)
Mary Land 7. Age (In yrs. lest birthday) **Funeral** Birthplece (State or Foreign Country) Months Deys 1□ M 🛪 🛱 F 72 Yrs. 216-16-3432 Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Health end Mental Hygiene. Innportant: if frem 27 is marked other than "natural", or ferms 23s or 28s-f show any injury or other traumatic event, the Medical Examinar and Space. 10e. State 10b. County 10c. City. Town or Location 10d. Inelde City Limits 1X Yes 2 No Director Baltimore Co Timonium Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21093 12 Tully Cross Court U.S.A Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White Specify: þ 3XWidowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Own Home Homemaker unk 17. Fether's Name (First, Middle, Last) Be 18. Mother's Neme (First, Middle, Maiden Sumeme) 2 Mary Wheeler Arthur Allen 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 12 Tully Cross Court, Timonium, Md 21093 Ron Newcomer 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleceChurch 20a. Method of Disposition 20c. Location - City or Town, Stete XBuriel 2 Cremation 3 Removal from Stete 17/24/96 Baltimore, Md. St. Marys Episcopal Cem 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Servica Licensee 22. Name end Address of Fecility Seitz, Jr. Funeral Home A. Alan 3818 Roland Avenue, Baltimore, Md. 23e. Pert1. Enter the disease, or complications the caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause or each line. Approximete Interval Between Onset end Deeth Physician Immediate Cause (Final disease or condition resulting In deeth) /Medical . CONGESTIVE HEART PAILURE 6 months **Examiner** Due to (or es e consequenca of): by Physician/Medical Examiner 43CVD buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequença of): Division of Vital Records, P.O. Box 68760, ettending physician for use as the burie The law requires thet the death certificate be Due to (or es e consequença of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings eveileble prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes case referred to medical exeminer? To Be 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menger of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Neturel 5 Pending Investigation 2 ☐ Accident death. 1 Yes 2 No 6 ☐ Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours of To the Funeral completely filled. 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the ceuse(s) end menner steted. 29a. Certifier Medical (Check only one) 29b. Signature and title of coefficient 29c. License number 29d. Date signed (Month, Dey, Year) Muy 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) SPERLING, M.D. 5601 LOCK RAVEN BLUD BALTIMORE 40 Ballier State Registrar

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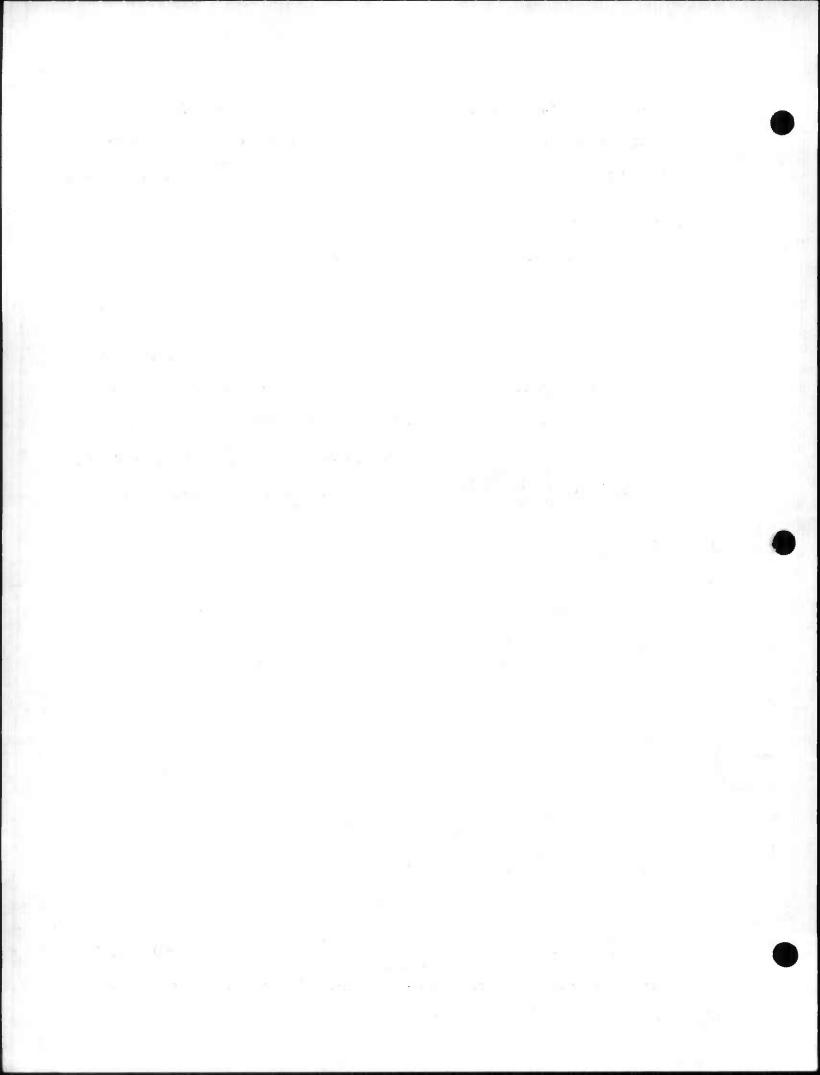
State of Maryland / Department of Health and Mental Hygiene 96 21738

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		Last)	1 /	- 10	- 1		2. Data of De		V	3. Tima of Death
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Ni.	10a. Stata 10b. County		10c. City, Tov	wn or Location					10	d. Inside City Limits
rector	Maryland N	/A	Balt	imore						1 ☐ Yes 2 ☐ No
6	10e. Street and Number				p Code			10g. Citizan of	What Count	ry?
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era	11. Maritel Status	12. Was Decedent E	ver in U.S.	13. Wes Dece	dent of Hi		(Specify Yas or No	-	ca - America	an Indian.
Funeral Director	1 Nevar Married 2 Marrie	Armed Forces? 1 ☐ Yes 2 🕅 N	io	If Yas, spe	cify Cuba	n, Mexican, Pu	erto Rican, etc.)		ck, Whita, a	
Ď	3 Widowed 4 □ Divorced	If Yes, Give Yeer or Detas:		1 🗆 Yes	2)X) No	Specify:		Specif	r: Whi	te
8	15. Decedent's	Education	168	a. Decedent's Usu	el Occupa	tion		16b. Kind of B	usinass/Ind	ustry
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a	PIMAL CLT						, Baltim	ore Mai	uland	1 21213
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DHMH 16 Rev 6/95 15 + VA



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miner	4a. Fecility Neme (If not institution, g						m, or Location of		4c. County		
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Director	10a. Street and Number				10f. Zlp Code	9		100	. Citizen of V	Whet Countr	ry?
O I	53 Fenway Nor	th				21221			US	A	
by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Fo	2 No		Ves Decedent of I Yes, specify C		In? (Specify Yes Puerto Rican, et	or No- c.)		e - America ck, White, et	tc.
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To B	examiner? 1 ☐ Yes 2 ♥ No	Hospitai:	npatient 2 E	R/Outpatien	3□ DOA	Wher	sing Home 5		a 6 ∏Oth	er (Specify)	
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M	29b. Signeture and title of certifier	and mann	iei steteu.		29c. Lice	nse number		290	. Date signer	d (Month. D	ev Year)
	D O	1000	7NT, 00	7			2				
	- I listed by	· COO	22/1.1	-	1/2	2000	2		July 2	1, 19	90
	20 Name and add as		4 4								
	30. Name and address of person who		o of death (Item:			ive n	altimor	o M-		4 2122	2.7

general feet of the galage Kis IP

ITEM: 20c, PER F'.H. F'ILM 9-737 7/23/96 tt

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Gertificate of Death

21741

	_					UE	runcate (oi De	aın		Reg. No.		
Physicia /Medic		1. Decedent's Nan	ne (First, Middla, La: IDA	G.	PO	MERANTZ				2. Date of Do Month JULY	Day	Yaar	3. Time of Death 12:10pm
Examin			(If not institution, give			3.Dm 70	-			ocation of Deat	th 4c. Count	y of Death	-
Funeral Director		5. Social Security 214-38-	-5009 ¹		7. Aga (In	APT . 70: yrs. last birthday 98 Yrs.		aar Ift	LTIMOF Under 24 Hrs. ours Min.	8. Date of Bi	rth ay, Year) , 1898	9. Birth	N/A uplace (Stata or Foreigntry) USSIA
Hygiena. ther than "natural", or items 23a or 28a-f show ont, the Medical Examiner must be notified at		Usual Rasidence of	10b. County		100	c. City, Town or L	nontion						
28a-f show	ctor	MD	N/A		100	BALTIMO							10d. Inside City Limits Yes 2 □ No
3a or 28	I Dire	10e. Street and Nu. 5715 F	PARK HEIGH	TS AVE,	APT.	. 705	10f. Zip Cod	1a 2121	5		10g. Citizen of USA	What Cou	intry?
al', or items 23s or 28s-f shov Examiner must be notified at	by Funeral Director	11. Marital Status 1 Naver Mar 3 Widowed	ried 2 Married	12. Was Dece Armed Fo 1 Yes If Yes, Giv Yaar or De	rces? XXNo e	in U,S. 13.	Was Decedent If Yes, specify (nic Origin? (Si axican, Puerto ecify:	pecify Yes or No Pican, atc.)	o- 14. Ra Bla Special	ick, White	
odical Exp	ted t		15. Decedent's Ed	ucetion	ates:	16a. Dece	edent's Usual Oc	cupation			16b. Kind of B		HITE
the Medical	Completed	Elementary/Sec	cify only highest gra- ondary (0-12)	de completed) Collaga (1	-4or 5+)	IITO.	kind of work do DO NOT use re	ne during tired)	g most of wor	king			
		12 17. Fathar's Name	(First, Middle, Last)			HC	MEMAKER	18.	Mother's Nam	ne (First, Middle	, Maiden Sumai	HOME	
	To Be	MORRIS	LEVI	NE					LENA		SLUTSKY		
other traumatic event,			lame/Relationship (7		2)						er, City or Town		ip Coda) ID 21209
or othe		20a. Method of Dis	position	Removal from 6		b. Place of Disp cemetery, cre	osition (Nama o	f place)		Date	20c. Location	- City or T	own, State
		4 Donation	5 Other (Specify	"	State	SHAAREI	ZION			7-22-96	BALTIN	MORE,	MW MD
any injury or other tr		21. Signature of Fi	unaral Sienvice Licen	500		2	2. Name and Ac	Idress of	Facility SC	l Levir	nson & B	ros.	, Inc.
		23a Parti Enter	the disease, or comp art failure. List only o	diagtions that a	augad the s				stown	Road Pi	kesvill		
dical private and the private	Examiner	Immediate Cause disease or condition resulting in death) Sequentially list of if any, leading to in	on .	a. CAR		Ou / Ho MA		37					MANATE
and er		Sequentially list co if any, laading to in ceuse. Enter Under Causa (Disease or that Initiated avent resulting In death)	arlying Injury s	c	Due to	o (or as a conse	quence of):		_				
se esn	n/Medicai	,		d									
	Physicia	Part II. Other signi	ficant conditions co	entributing to de	ath but not	resulting in that	 Inderlying ceuse	given In	Part I.		tobacco use co		to the cause of death*
8 .	Completed by				Щп					24a. Was	an autopsy ormed?	a c	/are autopsy findings vailabla prior to proplation of ceuse
pege 2	E									10	Yas 20No		death? □Yas 2□ No
0	Bec	25. Was cese refar	red to medicel					26.	Place of Deal	th (Check only		<u> </u>	
1	0	axaminer?	160	Hospital:	patient :	2 ER/Outpatie	nt 3 DOA	Othor	☐ Nursing He	1 .	dance 6 Oth	ner (Speci	fy)
funera	Certification:	27. Manner of Deat 1 ■ Natural 2 □ Accident	h 5 Pending invastigation	28a. Data o (Monti	f Injury h, Day Yea	r) 28b. Time of Injury		njury at Work? i 🗌 Yes	2 🗆 No		how injury occur		
In by the	erillo	3 ☐ Suicide 4 ☐ Homicide	6 Could not be datermined	Zoa. Place	of Injury - A	At home, farm, st acify)	raet, factory, offi	C6		28f. Location (City or To		ber or Rur	al Routa Number,
aly fill	edical C	29a. Certifier (Check only one)	Certifying Phy	sician: To the banks and mann	sis of exam	knowledga, daat Ination and/or in	h occurred at the vestigation, in m	e time, da y opinion	ita and place, , death occur	and due to the red at the time,	causa(s) and modate and place,	anner as a	stated. o the ceuse(s)
complet		29b. Signature and	titla of certifier	7 100				ansa num			29d. Date signs		
		JULIAN	JAKO BO		of daath (Itam 23a) (Type,				115 K	4/4	41	21215
State Registra	-	31 Data filed /Mon		32 60	gistrat's Si	gpatura Randa	4	· gn	/J. //	JE 171		,0	
-			JOLE D 10	0		0.0	•						

Date of the Control of 5821 759 See going by the special section of the section of

State of Maryland / Department of Health and Mental Hygiene 96 21742

						Cei	rtificat	e of	Death			Reg. No.		
	Obviolati		Decedant's Nama (First, Middla, Last							0	2. Data of De	ath	Yaar	3. Tima of Death
	Physici /Medi		Emma Ulrich 1	Rye			V				July	20, Day 199	6	7:15 A.M
b	Exami		4a. Facility Nama (If not institution, giv. 4100 Baker Lan		er)					wn, or Li timo				timore
	Funeral Director		5. Social Security Number 6. S 213-28-3901	ax 7. □ M 20 F	Aga (In yrs. last t	virthday) Yrs.	If Under Months	1 Yaar Days		24 Hrs. Min.	8. Data of Bir Month, Da July 1	th Year) 9,1911	9. Birth Cou Ma	placa (Stata or Foraign ntry) LYLANd
	e Maryland la-f show Uned at	ctor	10a. Stata 10b. County Maryland Baltime	ore	10c. City, To		imore							10d. Insida City Limits 1 ☐ Yas 2 ☐ No
	th with th	ai Director	10e. Street and Number 4100 Baker Land	2			10f. Zip		236			10g. Citizan of U.	What Cou S.A.	ntry?
020	72 hours after deeth with the Maryland "naturel", or Items 23a or 28a-f show officel Examiner must be notified at	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Deceda Armed Force 1 Tas 2/ If Yas, Giva Yaar or Data	No No		Was Daced if Yas, spec 1 ☐ Yas				ecify Yas or No Rican, atc.)	14. Ra Bla Specia	ick, Whita,	can Indian, atc. hite
Maryland 21215-0020	e e	Completed	15. Decedant's Ed (Specify only highast gra Elamantary/Secondary (0-12) 7th grade	lucation da complated) Coliaga (1-4		(Giva lifa.	dant's Usua kind of wor DO NOT us emake	k dona a ratire	petion during mos ed)	t of work	ring	16b. Kind of E	Home	
yland	S a b S	To Be C	17. Fathar's Nama (First, Middla, Last) John Henry U		,						a (First, Middla K. Br	, Maidan Suma eeback	ma)	
, Mar	d 2 sh th and 7 la m traum		19a. Informant's Name/Ralationship (1 Jacob Rye	Type, Print) (husband	1)	4100	Bake	r L	ane, 1		imore,	er, City or Town MD 212		o Coda)
Baltimore,	of a se		20a. Mathod of Disposition 1 IX Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Specify	Ramoval from Sta	20b. Placa camal Parki	vood	Ceme	ter	y				•	own, Stata Maryland
Bal	permit. Pag Department Important: I any injury o		21. Signature of Funeral Service Licen	500		\$ 9	2. Nama an Chumu 705 B	d Addr NER ela	ess of Facility Fune ir Rd.	ial B	Homes, altimor	Inc. e, MD	21236	
	Physician /Medical Examiner	16	23a. Part 1. Entar tha disaasa, or compands, or heart tailure. List only limmediata Causa (Final disaasa or condition rasulting in daath)		Dua to (or as									Approximata Interval Between Onsat and Death 15 years 20 years
ox 68760,	certificate be executed nding physician end use as the buriel-transit	n/Medical Examiner	Saquantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Diseasa or Injury that Initiated evants rasulting in daath) Last	b. ————————————————————————————————————	Dua to (or as a	onsed	uance of):	la	us	le	iosis		-	20 years
P.O. Bo	t the daath by the ette teched for	Physician/	Part II. Other significant conditions of				nderlying c	ausa g	ivan In Part I	l.		tobacco uas co		to the cause of death?
soords,	than signed should be da	Completed by	Disbeter	Dyper Pyper	lense,	-in					24a. Was	an autopsy ormed?	av	Vara autopsy findings vailable prior to empletion of cause death?
Re	Te Te	Com									10	Yas 2 No	1	□Yas 2□No
Vatrail	yalchmi is tierrill director,	Be	25. Was casa rafarred to medical axaminar?	11aaaitat						a of Deat	h (Chack only	ona)		
Division of		ation: To	1 Yas 2 No 27. Mannar of Daath 1 Natural 5 Panding 2 Accidant invastigation	Hospital: 1 ☐ Inp 28a. Data of I (Month,		Outpatier Tima of Injury		8c. Inju				danca 6 00t		fy)
Divis	al or Attendes: s after deet al Director; ed in by the	Certification:	3 ☐ Suicida 6 ☐ Could not be 4 ☐ Homicida determined	28a. Placa of	Injury - At homa, atc. (Specify)	farm, str	aet, factory	, offica			28f. Location (City or To	Streat and Num wn, Stata)	ber or Rur	al Routa Number,
	To the Hospital or Attending Ph within 24 hours effer deeth. To the Funeral Director: After th completely lilled in by the funeral	edicai	29a. Cartifiar 1 Certifying Phy (Check only one) 2 Madical Exam	yalcian: To tha ba linar: On tha best and mannar	s of axamination a	ge, daath nd/or inv	occurred vastigation,	at tha t In my	ima, data an opinion, daa	d placa, th occur	and dua to tha red at tha tima,	causa(s) and m data and placa	annar as : , and dua t	stated. to tha causa(s)
	To the within To the comple	M	29b. Signatura and titla of cartifiar	I Fra	C25 000			_	sa number) 13 4	10		7 - 2		
_	3		30. Nama and address of person who of Dr. Theodore E.	Evans, 9	660 Belo	ur 1	Rd., 1	Bal	timore	., MI	2123	6		
	Sta Registr	-	31. Date filed (Month, Day, Year) JUL 2 3 1996	Juny X	ctrar's Signature	ndess	2							

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15, P.O. BOX 68760 P. BALTIMORE, MARYLAND 21215-00	e death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	he attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b
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n	63	9

ION OF VITAL RECORDS, P.O. BOX 68760	E	After this certificate has been signed by the attenting physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Merral Hopers princ to burial, cremation, or among	PORTANT: if item 28 is marked, or item 23 shows amy injury, or other traumatic event, the medical examinar must be notified at once.
DIVISION OF VITAL	TO THE HOSPITAL OF ATTENDING PHYSICIAN: The IA	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Deg	IMPORTANT: If item 28 is marked, or item 23

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND	MENTAL HYGII			
	1. DECEDENT'S NAME (First, Middle, Last)	RICH ARDS				2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF OEATH 4:75PM
7	4. SOCIAL SECURITY NUMBER 5		yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) April 6		8. BIRTH	PLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give stree Charlestown Care				R LOCATION OF D	EATH	9c. COUN Bal		EATH
FUNERAL DIRECTOR	10s. STATE 10b. COUNTY Maryland Balti	more		TOWH OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 NO
IERAL	100. STREET AND NUMBER 717 Maiden Choice	Lane ST 3	316	101	21228			S.A	THAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS OECEDENT EVER IN L FORCES? 1 _ YES IF YES, GIVE WAR OR OAT	2 2 NO	If yes, sp	ENDENT OF HISPA relify Cuban, Maxico 2 XNO Specific	NIC ORIGIN? (Specify an, Puarto Rican, etc.) ly:	Yes or No-	Black	- American Indian, , Whita, etc. y: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	10N 1 1 1 1 1 1 1 1 1	6a. DECEDENT'S U (Give kind of wo life. Do NOT use Salesm	ork done during mo retired.)			ral Go		
BE COM	17. FATHER'S NAME (First, Mildole, Lest) John C. Richardson		Datesiii	an		ME (First, Middle, Maid Margaret	len Surname)		
TO B	19m. INFORMANT'S NAME (Type/Print) Betty Jo Richards	on				Route Number, City or ane, ST 31			11e,MD 2122
	20a. METHOD OF DISPOSITION 1	trom State Cemel	LACE AND DATE OF Pry, cremetory or oth LES apeak	e Crema	ory	7/23 Be			
	June L	Llus		4107 1	lilkens .	AL HOME, Ave, Balt	imore,	MD	21229
	23. PART 1. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	UROSE P	513		de of dyling, suc	h as cerdiac or res	spiratory srra	est,	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF)						
AL	PART II. Other significant conditions of DIAGETES MEL	Contributing to deeth but	not resulting in でにてるい	the underlying	ceuse given in	Part I. 24a. WAS PERF	AN AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEATH	(Check only one)	UNCERTAI	N D			100 100
PHYSI		Inpatient 2 ER/Outpati		OF 28c. INJI	PRY AT	6 Other (Specify) 26d. DESCRIBE HOV	V INJURY OCCU	JREO	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e, PLACE OF INJURY — building, etc. (Specify)	At home, term, etr		ES 2 NO	281. LOCATION (Street City or Town, Sta	et and Number o	or Rural Ro	oute Number,
COMPLETED	298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: C	N: To the best of my knowled on the basis of examination a	gs, death occurred	at the time, data in my opinion, de	and place, and due ath occured at the	to the cause(s) and n time, data and place,	nanner as stated	d. cause(s)	and manner as stated,
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	igh			29c. LICENSE NUI				Month, Day, Year) 27, 1996
F	BERNARD F KO	ZLOVSKY, M	10 7111		N CHO.	ICE LAP	VE,	2 /7	278
	31. DATEJUL 23 1996	Fisher Davidson	andelle	х					

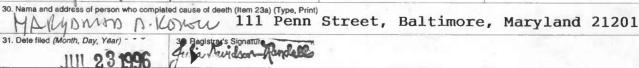
State of	f Maryland /	Department	of Health and	Mental Hygiene

21744 Certificate of Death Reg. No. 1. Decedant's Nama (First, Middia, Last) 2. Data of Death 3. Tima of Death **Physician** Month JOHN E. RILEY JULY 1996 20, 0252 AM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daeth Examiner 4c. County of Daeth LEONARDTOWN ST. MARY"S 5. Social Sacurity Number If Undar 1 Year | If Undar 24 Hrs. | 8. Deta of Birth (Month, Day, Year) 6. Sax 7. Aga (In yrs. last birthday) **Funeral** Birthpiaca (State or Foraign Country) 1□M 2□ F 181-34-2068 Vrs Director 50 Dec 24,1945 PA Usual Rasidance of Dacedani the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits mast be notified Director Greene 1 ☐ Yes 2 ☐ No Carmichaels 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? with 15320 USA Funeral Ceylon Road, P.O. Box 162 death items . 12. Was Dacadant Ever In U.S. Armad Forcas? Was Dacedant of Hispenic Orlgin? (Spacify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, the Medical Examiner Black, White, atc. filed within 72 hours after 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Never Marriad 2 Married 21215-0020 ò 1 ☐ Yas 2 ☑ No Specify: þ Specify: white 3 ☐ Widowed 4 ☐ Divorced natural Completed 16e. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry I Hygiene. Elamantary/Secondary (0-12) College (1-4or 5+) 11 Delivery Person Soft Drink Distr. other t traumatic event. Baltimore, Maryland 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) h end Mental F Be Pages 1 and 2 should be Bruce Riley Opal Watters 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Numbar, City or Town, Stata, Zip Coda) permit. Pages 1 and 2 s Depertment of Health or Important: If Item 27 is eny Injury or other trau Eileen Faye Riley/Wife P.O. Box 162, Carmichaels, Pa 15320 20b. Piaca of Disposition (Nama of camatary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 ★ Buriel 2 Crametion 3 Ramoval from Stata Muddy Creek Cemetery 7/25/96 Green County, 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signature of Funeral Service Licenses 22. Nama and Address of Fecility Sterling Ashton Funeral Home, Inc 23a. Part1. Entar tha disaase, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. 736 Edmondson Avenue, Balto, Md 21228 Approximata Interval Between Onset and Death **Physician** /Medical Immediata Cause (Final · CORONA MY THEMONISOSIS disaasa or condition rasulting in death) **Examiner** Dua to (or as e consaquance of) Examiner ATHMOS WOTHOTIC CARDIOURS CUMON DLLODS be executed Sequentially list conditions, if any, leading to immediata causa. Entar Undarfying Causa (Disaasa or Injury thet initiated evants rasulting in daath) Lest buniel-tran Dua to (or es e consaguance of): and Division of Vital Records, P.O. Box 68760, edical Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? Phys signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown The law requires that P 24b. Were eutopsy findings evellabla prior to complation of causa of daath? Completed 24a. Wes an autopsy performed? 1 Yas 10 Pas 2 No certificate 2 No the Hospital or Attanding Physician: Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) axaminar? X⊠Yas 2 No Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) P 1 | Inpatiant | DOA this 27. Mannar of Daath 28a. Data of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Dascribe how Injury occurred After t 5 Panding Investigation 1 Natural 1 ☐ Yes 2 ☐ No death. 2 Accident Director: 6 Could not be 3 ☐ Suicide 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Streat end Number or Rural Route Number, City or Town, State) efter 4 Homicide To the Hospital of within 24 hours at To the Funeral D completely filled 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

XXMedical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifian 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) W O.C.M.E E JULY 20, 1996

State Registrar

Alyonin 31. Dete filed (Month, Day, Year)



Military 1999 Sept. 1 Sept. 1

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		1. Decedent's Nan	ne (First, Midd	dle, Last)								te of Deat			3. Time of Death
Physician Medical/		W	inifre	d Ma	ay Ro	gers					J	onth	1. 199	6 ^{Year}	11:25
Examiner	_	4a. Facility Name								4b. City, Town	or Location		4c. County	-	
		Cherryw	ood Ma	nor l	Nursin	g & Co	nv. Cer	nter		Reister	stown		Bal	timore	
uneral irector		5. Social Security (212-78-4)	114	6. Sex	M 2) (□ F	7. Age (In yrs	s. last birthday Yrs.	Months	or 1 Year Days		Hrs. 8. Da Min. (Ma Maj	te of Birth onth, Day, 16,	Year) 1912	9. Birthpla Country Mar	ce (State or Fore y) yland
*	-	Usual Residence of 10a, State	10b. Count	lv		100.0	ity, Town or L	ocetion						10.	d de side Ois I les
or sho		Md.	Balti			100.0	Reiste		wm .					100	d. Inside City Llm 1 ☐ Yes 2 🛣
be notified	3	10e. Street end Nu					11011010		ip Code			11	Og. Citlzen of	What Countr	
23a or unit be rai Di		101	Chartl	ley D	rive				211	36			U.S.		,
Examiner must be notified at Examiner must be notified at I by Funeral Director	of Land	11. Marital Status 1 Never Marital Status		rrled	2. Was Dece Armed Fo 1 Tes If Yes, Giv Yeer or Da	2 No	U,S. 13.			Hispanic Origin ban, Mexican, P Specify:	(Specify Yeuerto Rican,	es or No- etc.)		ce - American ck, White, et	c.
"natural", edical Exa leted by	3	0.2911001100	15. Decede			1165.	16a Dece	edent's Usu	ial Occii	ination			16b. Kind of B		
piet	2	(Special Elementary/Sec	cify only highe	est grade	completed) College (1	And E v	(Give	b kind of we DO NOT L	ork done use retire	during most of ed)	working		TOD. INITIO OF D	usiness/indu	Sity
the E	5	12			College (1	-401 5+)	F	lousev	wife				Home	emaker	
If item 27 is marked other than "nature or other traumatic event, the Medical Education of the M	200	17. Father's Name	(First, Middle		.eld						Name (First, ella S		falden Surnan er	ne)	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. ITEMS: 6. PER F'.H. F'ILM G-737 State of Maryland / Department of Health and Mental Hygiene 7/23/96 t.t Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month REINER 20 VZ. /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 6 REGALIA COUNT APT. F MILLS OWINDS BALTIMONE 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplace (State or Foraign Country) 6. Sex 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) **Funeral** 10 M REF Deys Hours 102-52-1338 94 Yrs. Director 26 1901 OLAND Usuel Residence of Dacadant with the Maryland 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 📆 💥 0 Director MD BALTIMORE OWINGS MILLS 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21117 U.S.A. 6 REGALIA COURT Funeral APT. death 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Baltimore, Maryland 21215-0020 1 Yes 2 No Spacify: ρ Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 2 Department of Health and Mental Hygiene. Important: if them 27 is marked other than "na any injury or other traumatic event Elemantary/Secondary (0-12) Collega (1-4or 5+) 12 HOMEMAKER OWN HOME 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be JOSHUA MOSES GRUESS TEMA WINKLER 19b. Meiling Address (Streat end Number or Rural Route Number, City or Town, Steta, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) LEO REINER - HUSBAND 6 REGALIA CT #F OWINGS MILLS, MD 21117 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Steta Burial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 7/22/96 FLUSHING, QUEENS, NY MT HEBRON QUEENS, NY 21. Signature of Funeral Service Licenses 22. Neme end Address of Fecility Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208 elus disease, or bought ations that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Physician /Medical Immediate Cause (Final dehy dration disease or condition resulting in death) 2 weeks Examiner Due to (or es e consequence of): Examiner gost rointestinel bleed lyear attending physician and for use as the bunel-transit Sequentially list conditions, if any, laading to Immadiete ceusa. Enter Undarlying Ceuse (Disaase or Injury thet initieted evants rasulting in deeth) Lest Due to (or es e consequence of): certificate be exec Box 68760 3,000 color concer Physician/Medical Due to (or es e consequence of): signed by the aid be detected for P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown a theroscientic cerduroscular discesse Records, by been sig 24b. Were eutopsy findings evelleble prior to completion of cause of death? Completed 24e. Wes an autopsy performed? 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes cese referred to medical Be 26. Plece of Deeth (Check only one) Othar: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 28e. Date of Injury (Month, Dey Year) To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral 27. Manner of Deeth 28b. Time of Certification: 28c. Injury et Work? 28d. Describe how injury occurred 1 Netural 5 Pending investigation 1 Yes 2 No 2 Accident 3 Sulcida 6 Could not be determined 28f. Location (Straet end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicida 1 Certifying Physicien: To the best of my knowledge, daath occurred at the tima, date end place, end dua to the ceuse(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, end due to the ceuse(s) end manner stated. edicai 29a, Certifier 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) Kidned a Bey, hD 196 20 20604

State Registrar

2

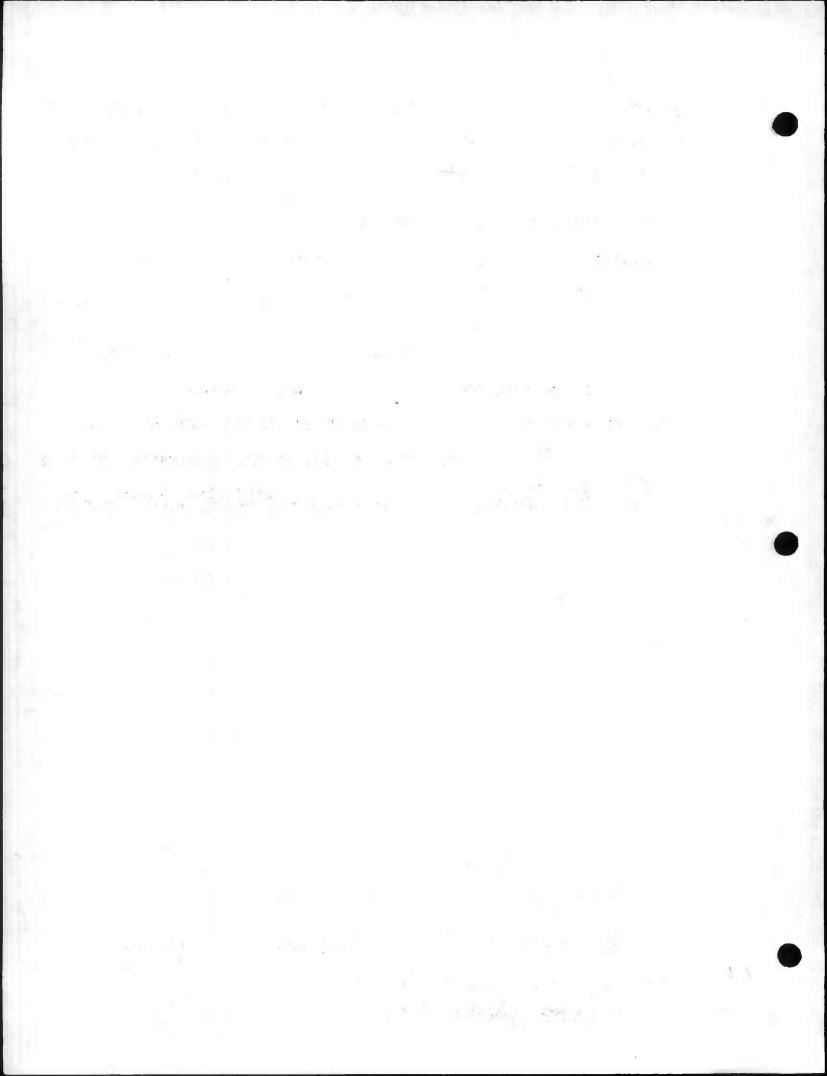
30. Nema and eddress of person who completed ceuse of daath (Itam 23e) (Type, Print)

31. Dete filed (Month, Dey, Year)

Richard A Berg, AD #450; 10755 Falk Rd., Lutherville, Lot 21093

32 Registrar's Signature

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene 21747 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death 1996 **Physician** July Mildred Anna Swam 19, 8:00 P.M. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 9359 Hines Estate Drive Baltimore Baltimore 7. Aga (In yrs. last birthday) If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Security Number 8. Data of Birth (Month, Day, Year) Oct. 25, 1917 9. Birthplaca (State or Foreign Country)
MOJLYLand **Funeral** 1□M 20 F 215-03-1874 Yrs. 78 Director Usual Rasidance of Dacedant 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits show the Medical Examiner must be notified at Maryland Baltimore Baltimore 1 ☐ Yas 2 X No Director 288-1 the 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Coda 6 9538 Gunhill Circle 21236 U.S.A. items 23a Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 72 hours efter 1 ☐ Navar Married 2 ☐ Married ò Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: White If Yas, Giva Yaar or Datas: þ 3 Nidowed 4 Divorced "natural", Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedant's Education ges 1 and 2 should be filled within 7; tof Health and Mental Hygiane. If item 27 is merked other than "na or other traumatic event, the Health (Specify only highast grada complated) Elemantary/Secondary (0-12) College (1-4or 5+) Cashier Department Store 8th grade 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Frederick Mabel Beitler 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Donald E. 2501 Boston Street, Baltimore, MD 21224 Swam (son) 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition permit. Pages 1
Department of H
Important: If Iter
any Injury or oth 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Mt. Zion Meth. Ch. Cem. 7/23/96 Freeland, Maryland 22. Nama and Address of Facility
Schumuner Funeral Homes, Inc. 21. Signatura of Funaral Sarvica Licensaa 9705 Belair Rd., Baltimore, MD 21236 23a. Part I. Entar tha diseasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Intarvai Batween Onsat and Death **Physician** CHRONIC LYMSHOCYTIC LEUKEMIA 9 YR. /Medical Immadiata Causa (Final disaasa or condition rasulting in death) Examiner Dua to (or es a consequance of): Examiner physician and s the buriel-trans Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Diseasa or injury Dua to (or as a consequence of): Box 68760 8 Physician/Medical that initiated evants rasulting in death) Last Dua to (or as a consequence of) death certificate 60 980 0 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ó 23b. Did tobacco use contributa to the cause of death? OBSTRUCTIVE PULMONARY å 1 Yes 2 No 3 Probably 4 Unknown 報 Completed by Record DISEASE 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? has PERIPHERAL VASCULAR DISEASE 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: efter death. 25. Was casa rafarrad to medical axaminer? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) P 1 Inpatiant 2 ER/Outpatient 3 DOA this 27. Manner of Death 28a. Data of injury (Month, Day Yaar) 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? Certification: 5 Pending efter death. Director: Afi 1 Yas 2 No invastigation 2 Accident 6 Could not be datermined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 ☐ Suicida 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 4 - Homicida 24 hours e Hospital 1 Certifying Physician: To the best of my knowledga, daath occurred et tha tima, data and piace, and dua to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, data and place, and dua to the causa(s) and mannar stated. 29a. Cartifian (Check only one) the within To the HIII MD 29d. Data signed (Month, Day, Year) 7/22/96 E. IIRO ST. BALT., MD. 2/2/8 30. Name and address of person who completed cause of death (Itam 23a) (Type, Print)

State Registrar 31. Data filed (Month, Day, Year)

32. Begistrar's Signatura

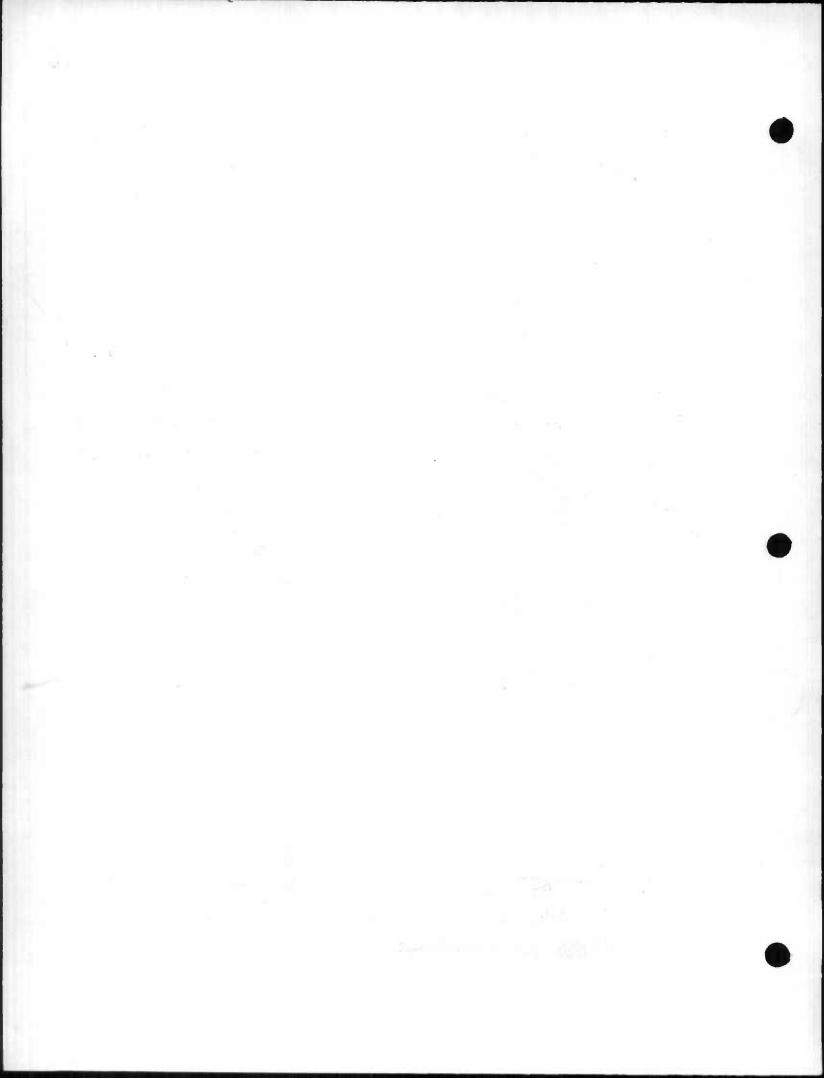
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The property of the configuration of the property of the property of the configuration of the property of the configuration of the config BALTIMORE, MARYLAND 21215-0020 RECORDS, P.O. BOX 68760

DIVISION OF VITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEAT	TH	REG	S. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA	TE OF DEATH 3. TIME OF DEATH			
	Edna Satt	cerfield	cfield			MONTO					
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER	24 1000	July 1		4r - Cr	4:00pm M NPLACE (State or Foreign	
	4. SOURE GEOGREF HOMOEN	1.0.00		MONTHS DAYS	HOURS	MIN.	(Month, Day, 1	bar)	Count		
	215-30-6941		66 YRS.				Dec.11		29 Maryland		
	9a. FACILITY NAME (If not institution, give		9b. CITY, TOWN OR LOCATION OF DEATN			EATN	9c. COUNTY OF DEATN				
Œ	1815 Steven Dr		Edgewood				Harford				
DIRECTOR	RESIDENCE OF DECEDENT				249011	004					
	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. \$\text{NSIDE CITY}\$										
E	Md. HA		Edgewood				LIMITS?				
FUNERAL D											
	10e. STREET AND NUMBER	101. ZIP COOE 21040				10g. CITIZEN OF WHAT COUNTRY?					
	1815 Steven Dr		40	USA							
	11. MARITAL STATUS	U.S. ARMED				NIC ORIGIN? (Spec	offy Yee or No-	14. RAC	I. RACE - American Indian,		
- 11	1 Never Merried 2 Merried FORCES? 1 YES 2 IF YES, DIVE WAR OR DATES						y Cuben, Maxican, Puerto Rican, atc.)			Black, White, etc. Specify:	
ВУ	3 Widowed 4 Divorced	TES	1 YES 2 NO Specify:					Spec	White		
- 61	15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY										
ETED	(Specify only highest grad		(Give kind of	work done during n se retired.)	nost of working	ng	166, KIND	OF BUSINESS/II	NDUSTRY		
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u	se retired.)							
4	12th	Cleric	Clerical				Social Security				
COMPL	17. FATHER'S NAME (First, Middle, Last)		16. MOTNER'S NAME (First				, Middle, Melden Sumame)				
	Otic Coores	Total				U	elen Ir	ano Car	7037		
BE	Otis George	Jecc	1						-1		
0	19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street							
-	Jerry Lee Satt	erfield	1815	5 Stever	n Driv	ve :	Edgewood	d Md. 2	21040		
	20a. METNOD OF DISPOSITION	20ь.	PLACE AND DATE	OF DISPOSITION (Verne of		DATE 2	Oc. LOCATION	- City or T	own, State	
	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State come	stary, crematory or o			7/	22/96	Balit		163	
	21. SIGNATURE OF FUNERAL SHIPPION L		eadowri		AND ADDRE		200	Bdllt	more	MQ.	
	21. SIGNATURE OF TONERAL SENTING	7	1	SS. NAME	AND ADDRE	33 OF TA	ICILI I				
	PR TANAU	110- 111	1,1	Conr	nelly	Fun	eral Ho	me of I	Essex		
	23. PART I. Enter the diseases, or	Chair	m/ 4-11 00	300	Mace	AVE	Ballial	Hot deliver	121	221	
	shock, or heart milere	List only one cause on #8	ich line.	not enterment	loue or ay	MAC SOC	it as-catorac or	-respiratory	strest, -	Interval Between	
	IMMEDIATE CAUSE (Final	1/1/	1 -	/	- 1		/			Onest and Death	
	disease or condition	11/1	4.1.	/ 7.	1. 1		hory			1/1/2	
	resulting in death)	OUE TO OR AS A	COMPECUENCE	5.	nge	CVC	10009			Hour.	
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CERTIFICATION	cause. Enter UNDERLYING	c									
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E	resulting in death) LAST										
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ă	ITSUMM.						10	1 TES 2 NO		OF DEATH?	
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PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:							
S	1 YES 2 NO	1 Inpatient 2 ER/Outpo	atlant 3 🗆 DOA	4 - Nursing No	ome 5 R	esidence	6 C Other (Spec	Hy)			
Ī	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. Til		NJURY AT		28d. DESCRIBE	NOW INJURY	CCURED		
	1 Natural 5 Pending					NO					
ВУ	2 Accident Investigation	26e. PLACE OF INJURY	- At home form	etract featons of	llee		28f. LOCATION	/Ctmat and Mum	has as Oural	Davie Number	
0	3 Suicide 6 Could not be 4 Nomicide determined	building, etc. (Speci	ify)	atreet, factory, or	nce .		City or Town		Der Or Hurer	rioute number,	
COMPLETED	- Nomiciae Getermine										
7	The CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and manner se stated.										
Ξ	Order order										
8	2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) end menner so stated.										
	PUR SHAMMER AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONEO (Month, Day, Year)								O (Month, Day, Year)		
BE	D // V-/		H3907.7 15 19 1091					19 1996			
2	III), NAME ANO AODRESS OF PERSON W	NO COMPLETED CAUSE OF OE	ATN (ITEM 27) (Ton	e, Print)	1110	00	0	,	461	11. 1. 1.17	
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	31. OATE FILEO (Month, Day, Year)	32 REGISTRAR'S SIGN	ATURE					(
	JUL 23 1996	Julia Davidson	-Rando DO					,			
	201 40 1220	0	and an		_						



ITEM: 5. PER FI.H. FILM G-737 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedant's Nema (First, Middla, Last) 2. Date of Daeth 3. Time of Deeth **Physician** JULY 18, 1996 GERTRUDE SCHNESSEL В. 11:15am /Medical 4a. Facility Neme (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Daath **Examiner** HERITAGE NURSING CENTER DUNDALK BALTIMORE 5. Social Security Number 219-58-1836 7. Aga (In yrs. last birthday) If Undar 1 Yeer If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 9. Birthplaca (Stata or Foraign Country) MARCH 11, 1908 GERMANY **Funeral** Days Hours 1□ M 2 F Months Min. Yrs. Director 820-06-3143 88 Usual Rasidanca of Dacedani with the Maryland 10a. Stata 10b. County show 10c. City, Town or Location 10d. Inside City Limits Examiner nant be notified at Director 1 Yes 2 □ No MD N/A BALTIMORE 28a-f 10e. Straat and Number 10f. Zip Coda 10g. Citizen of What Country? itema 23a or APT. B 3106 BANCROFT ROAD 21215 U.S.A. death Funeral 12. Was Dacedant Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - Amarican Indian, Black, White, etc. Peges 1 end 2 should be filed within 72 hours after nent of Health end Mental Hygiene. 1 ☐ Yes 2 X No If Yes, Giva 1 Navar Marriad 2 Married 0 altimore, Maryland 21215-0020 1 ☐ Yas 2 No Spacify: þ Specify: "natural", 3 ₩ Widowed 4 Divorced WHITE Completed 15. Decedant's Education (Specify only highast grada completed) 16a. Decadent's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work dona during most of working life. DO NOT usa ratired) al Hygiene. Elementary/Sacondary (0-12) College (1-4or 5+) 4 **HOMEMAKER** 12 OWN HOME 17. Fethar's Nama (First, Middla, Last) Be 18. Mothar's Nama (First, Middla, Maiden Sumama) 27 is marked or traumatic ev 2 VICTOR ARNDT BEATTE UNKNOWN 19a. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straet and Number or Rural Routa Number, City or Town, Stata, Zip Coda) nt of Health e If item 27 is or other tra HERMAN SCHNESSEL - SON 812 UMBRA STREET BALTIMORE, MD 21224 20a. Mathod of Disposition 20b. Placa of Disposition (Name of cametery, cramatory or other placa) 20c. Location - City or Town, Stata Warrial 2 ☐ Cramation 3 ☐ Ramovel from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Pege Department of Important: If any Injury or 7/21/96 NEW HAR SINAI REISTERSTOWN, MD 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Sol Levinson & Bros., Inc. 8900 Reisterstown Road Pikesville, MD 21208 23a. Part. Enter the disaasa, or complications that caused the daeth. Do not enter the mode of dying, such es cardiac or raspiratory errast, and or heart tailura. List only one cause on each line. Onsat and Death Physician /Medical Immadiate Causa (Finel disaasa or condition rasulting in daath) Examiner The law requires that the death certificate be executed Sequantially list conditions, if eny, leeding to Immediata causa. Entar Undarlying Causa (Disaasa or Injury that Initiated evants rasulting In daath) Last buriel-trar P.O. Box 68760. Hensun physicien Physician/Medical the Part It. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by hydration 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ He of arrial arrhythmia page 2 should Completed 24b. Wara autopsy findings evallabla prior to complation of causa of death? 24a. Was an autopsy performed? peen ate has 2 No 1 ☐ Yas 2 No vision of Vital 25. Was casa ratarred to medical Be 28. Placa of Daath (Check only ona) 1 Yas 2 No 2 Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Pris 28a. Data of Injury (Month, Day Year) 27. Manner of Death Certification: 28d. Dascribe how Injury occurred 28b. Tima of 28c. fnjury at Work? Affiar 1 Natural 5 Panding 2 ☐ Accidant investigation 1 Yas 2 No actor Attac 6 Could not be datarminad 3 Sulcide 28t. Location (Streat and Number or Rural Route Number, City or Town, Stata) 28e. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida Medical 29a. Certifian Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

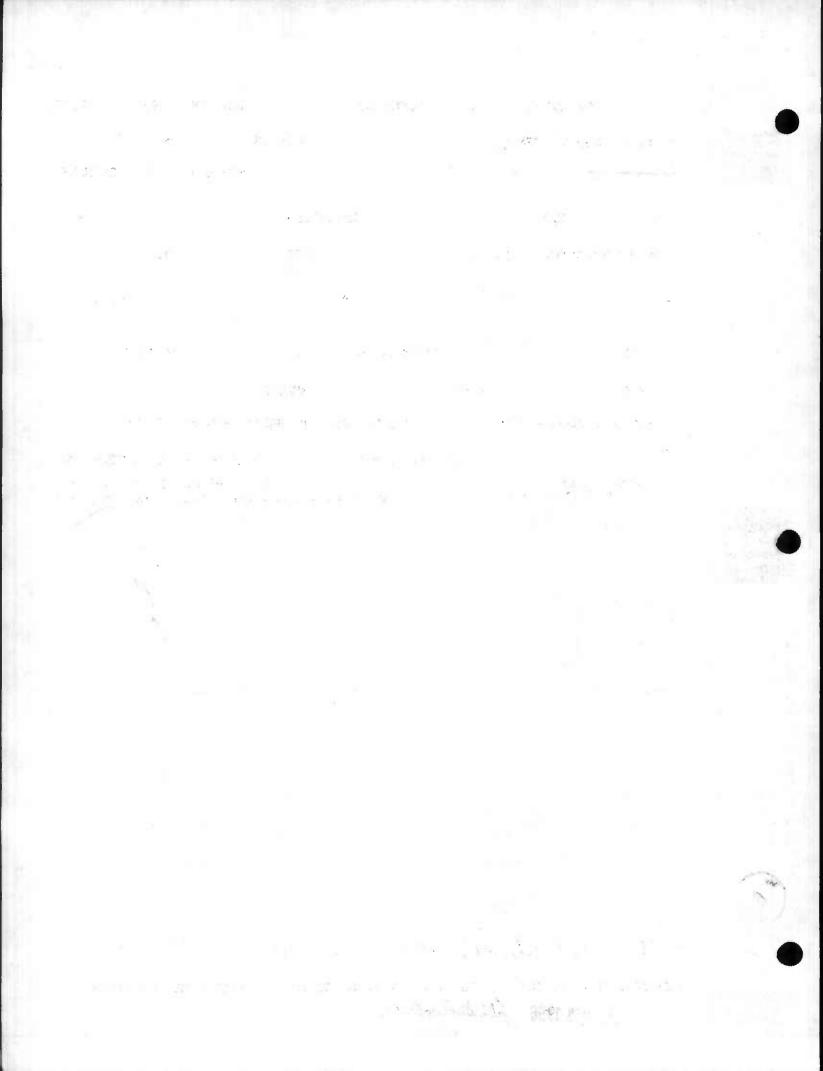
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

State Registrar

31. Data tiled (Month, Day, Year)

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

WILLARDA EDWARDS, M.D. 1005 N. POINT BLVD SUITE 724 BALTIMORE, MD 21224 32. Degistrar's Signatura



State of Maryland / Department of Health and Mental Hygiene 7/23/96 tt Certificate of Death 1. Dacedant's Nama (First, Middle, Last) 2. Data of Death Month **Physician** SHERMAN SIDNEY 19, JULY 1996 11:54 A.M. /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City. Town, or Location of Daath 4c. County of Death **Examiner** BALTIMORE CITY JOHNS HOPKINS HOSPITAL N/A If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number Birthplaca (State or Foreign County)
 RUSSIA 7. Aga (In yrs. last birthday) **Funeral** 10M 20F Days Hours 216-12-2860 Yrs. Director Usual Rasidance of Decedant the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Manical Examiner must be notified at MD BALTIMORE REISTERTOWN Yes 2□ No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 21136 9 TIMBER WAY CT. USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ∑Xyas 2 □ No If Yas, Giva Yaar or Datas: WWII 14. Race - Amarican Indian, Black, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours after of Department of Heelth and Mentel Hygiena. Important: if item 27 is marked other than "natural", or item any Injury or other traumatic event, the Manical Examinations. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: WHITE Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) TOOL DESIGNER WESTERN ELECTRIC 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Be LAID LEIB SHERMAN T.F.AH UNKNOWN 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) MRS. RUTH SHERMAN (WIFE) 9 TIMBER WAY CT. REISTERSTOWN, MD 21136 Place of Disposition (Name of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 XBurial 2 Cremation 3 □ Ramoval from Sta CHEVRA AHAVAS CHESED 7/21/96 5 Othar (Specify RANDALLSTOWN, MD 4 Donation heral Service L 22 Nama and Address of Facility BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 be caused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, Onsat and Death **Physician** TWELVE Immediata Causa (Final disaasa or condition rasulting in daath) /Medical CARDIOGENIC SHOCK HOURS Examiner Dua to (or as a consequence of): TWENTY TOUR Examiner NITE RENAL HOURS and I-transit Sequentially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Diseasa or Injury that initiated events rasulting in daath) Last WENT Dua to (or as a consequance of): FOUR physician ar Box 68760, RESPIRATORY HOURS Physician/Medicai Dua to (or as a consequence of): for use as esn Division of Vital Records, P.O. ed by the detached Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ģ 24b. Wara autopsy findings availabla prior to completion of cause of death? 24a. Was an autopsy performed? Completed 785 2 XNO 1 Yas 1 ☐ Yas 2 ☐ No certificata or Attending Physician: 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? After 5 Pending invastigation s after dec. 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicida To the Hospital or A within 24 hours after To the Funeral Direcompletely filled in by 4 Homicida 29a, Cartifian 12 Cartifying Phyaician: To tha best of my knowladga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examinar: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29b. Signatura and titla of certifian 29c. Licensa number 29d. Data signed (Month, Day, Year) 19,1996 JULY 30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) MACIES LESNIAK GOON. WOLFE ST K. M JOHNS HOPKINS HOSPITAL

2. Registrar's Signatura BAN more

abin thereten Rardall

MD 21205

Registrar

State

31. Data fliad (Month, Day, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 3 Time of Death 2 Date of Death Month Year 4a. Facility Nama (If not institution, give street end number, 20 96 4c. County of Death 20 JULN 5:20 Pm 4b. City, Town, or Location of Deeth LEVINDALE NURSING HOME BALTIMORE N/A 8. Date of Birth (Month, Day, Year) JULY 23, If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Security Number 9. Birthplace (Stete or Foreign 6. Sax 7. Aga (In yrs. lest birthdey) 1□M 2⊠X Deys Hours HUNGARY Yrs. 064-34-5155 92 1903 Usuei Residence of Deceden 10a State 10b. County 10c. City. Town or Location 10d. Insida City Limits Yes 2□No MD N/A BALTIMORE 10e. Street and Number 10f. Zlp Code 10g. Citizen of Whet Country? 2500 W. BELVEDERE AVE. 21215 APT. 227 U.S.A. 12. Wes Decedent Ever in U,S Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indien. 1 Yes 2 WXX If Yas, Give Yeer or Detes: 1 Nevar Merriad 2 Merried 1 ☐ Yes 2 ☑ No Specify: 3 Vidowed 4 □ Divorced WHITE 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 HOMEMAKER OWN HOME 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumema) ZEIGLER JOSEPH 19e. Informent's Neme/Raletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Routs Number, City or Town, Stete, Zip Code) SIDNEY SINGER - SON 7621 CARLA ROAD BALTIMORE, MD 21208 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetary, cremetory or other place) 20c. Location - City or Town, Stete Buriel 2 Cramation 3 Removal from Stete HOPE - HASTINGS 7/22/96 HASTINGS ON HUDSON, NY 21. Signature of Funeral Service Libra 22. Name and Address of Facility Sol Levinson & Bros., 8900 Reisterstown Road Pikesville, MD 21208 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onsat and Death (CONKHOW) Immediate Cause (Final diseasa or condition resulting in deeth) Due to (or as e consequence of) Sequentially list conditions, if eny, leeding to immadiete cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Last Due to (or as a consequence of): Dua fo (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 1□ Yes 2√No Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Dec 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred

Physician /Medical Examiner The law requires that the deeth certificate be executed

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or Itama 23a or 28a-f show the Medical Examiner must be notified at

Director

Funeral

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filed within 72 hours el I Hygiene. other than "natural", or

Baltimore, Maryland 21215-0020

Examine physician and s the burial-transit Physician/Medicai attending p for use as signed by the a by been si Completed Be 10

certificate has b director, this funeral Director: After ti d in by the funera Certification:

Division of Vital Records, P.O. Box 68760,

or Attending Physician:

3

To the Hosp within 24 hos To the Fune completely fi

Registrar

Medical

the Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, and due to the cause(s) end menner es stated.

20 Medical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end manner steted. (Check only one) 29b. Signeture end title of cartified

Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

29c. License number

1 Yes 2 No

29d. Dete signed (Month, Dey, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) U

31. Dete filed (Month, Day, Year) JUL 2 3 1996

5 Pending investigation

6 Could not be

1 SNatural 20 Accident

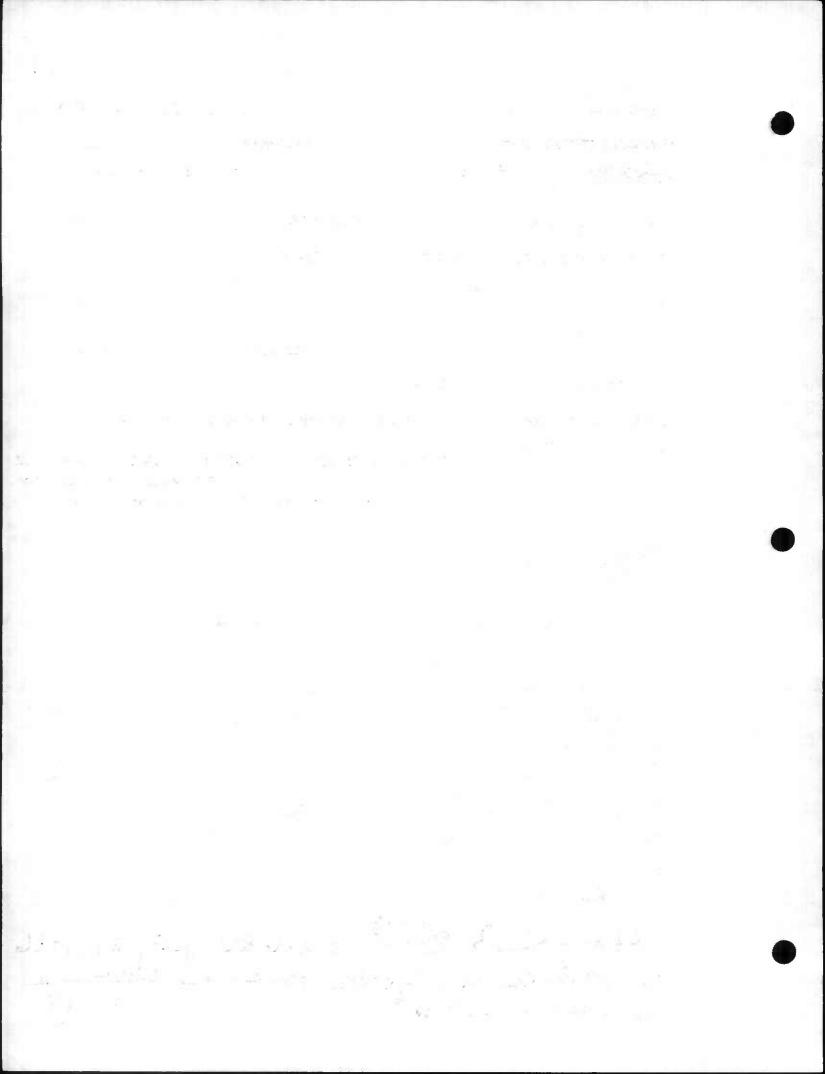
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29e. Certifier

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21215



			State of M		epartment of F Certificate of		, ,	eg. No.	6 21752	
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Funera Directo	_	5. Sociel Security Number 6. 212-03-8710 Usuel Rasidanca of Decedant	Sex 7. Ag				8. Data of Birth (Month, Day, May 1,	P. Birthplece (State or F. Country) 1, 1896 Mary I and		
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eth v	rai		Avenue		21214			United :		
Baltimore, Maryland 21215-0020 permit. Peges 1 and 2 should be filed within 72 hours after death with the Meryland Dependment of Health and Mental Pyglene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Equition must be inclined at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yas 2 If Yas, Giva Yaar or Dates:	2	13. Wes Decedant of H If Yas, specify Cubs 1 ☐ Yas 2 ☒ No	lispanic Origin? (Spe an, Mexican, Puarto Specify:	ecify Yes or No- Rican, atc.)		Amarican Indian, White, etc. White	
Maryland 21215-0020 d 2 should be filed within 72 hours ef th and Mental Hydiene. 7 is marked other than "natural", or traumatic event, the Medical Exam.	Completed	15. Dacedant's Education (Specify only highest grada complated) Elamantary/Secondary (0-12) Collega (1-4or 5+)		5+)	16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired)			16b. Kind of Business/Industry		
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Mary 12 sho h and l		19a. Informant's Name/Relationship Anna E. Galster/			Mailing Addrass (Street					
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Baltimore, pemit. Peges 1 er Depertment of Hea important: if item 2 any injury or other		21. Signatura of Funeral Sarvice Lice	ensee Poies A	. Willem	22. Name end Addres	ss of Fecility Leo	nard J. Ru	ick, Inc.		
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Physician /Medical Examiner	Immediata Causa (Final disease or condition rasulting in dath) Congestive Heart Failure a. Congestive Heart Failure								Approximata Intarval Batween Onsat and Death	
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Division If or Attending stler death, Director: Are d in by the fund	Certification:	4 ☐ Homicida datamined								
Divisi To the Hospital or Attenwithin 24 hours after des To the Funeral Director Completely filled in by thy	edical C	29a. Cartifier (Check only one) 1 Certifying Physician: To the base of warmination and/or invastigation, in my opinion, daath occurred at tha tima, data end placa, end dua to the causa(s) and manner as stated. 2 Medical Examiner: On the base of warmination and/or invastigation, in my opinion, daath occurred at tha tima, data end place, and dua to the cause(s) and manner as all the cause(s) and manne								
To the Within 2 To the comple	Me	29b. Signetura and title of certifier	57		29c. Licenso	e number	25	9d. Data signed (Month, Day, Year)	
F>F0				-	(1)	15564		7.22		
4		30. Nama and addrass of person who Eddie Nakhuda,			ype, Print) Valley Roa	ad, Towson	n, MD 2	21204		
	ate	31. Data filad (Month, Day, Year)	@2, Regista	ar's Signature	2000a					
Regist	rar	.1111 2.3 1991	- June	- Maria						

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Gilbert C. Schott July 16, 1996 7:30 AM /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 4264 Chapel Road Perry Hall Baltimore Months Days Hours Min. August 23, 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foraign Country) **Funeral** 212-30-4201 1₩ M 2□ F 62 Yrs. Director 1933 Maryland Usual Residence of Decedent the Merylend 10a State 10b. County 10c. City, Town or Location Hygiene. Other than "netural", or items 23a or 28a-f show feet, the Medical Examiner must be rectified at 10d. Inside City Limits MD Baltimore 1 Yes 2 No Director Perry Hall 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 4264 Chapel Road 21128 U.S.A. Funeral Pages 1 end 2 should be filed within 72 hours efter deeth 12. Was Decedant Evar in U,S. Armed Forces? 1 ☑ Yas 2 ☑ No If Yes, Give Yaar or Datas: 14. Race - Americen Indian, Black, Whita, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Rican, etc.) 11. Maritai Status 1 ☐ Never Married 2√Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) Coilege (1-4or 5+) Printing Company 12 Supervisor 7 is marked other traumatic event, I 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Meiden Surname) Be end Mental Charles J. Schott Emma Margaret Kahl 2 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lepartment of Health en Important: If itam 27 is n any injury or other traumonce. Mary Schott 4264 Chapel Road Perry Hall, Maryland 21128 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from State Parkwood Cemetery 7/19?1996 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of FacilityThe Dippel Funeral Home Inc. 21. Signature of Funeral Sarvice Licensea 7110 Belair Road Baltimore, Maryland 21206 d tha death. Do not entar tha moda of dying, such as cardiac or raspiratory arrast, Approximate Intarval Between Onset and Death Physician /Medical Immediate Ceuse (Final votastatic lung curces Lyeurs disaasa or condition resulting In death) Examiner Due to (or as a consequence of): Examiner dw requires thet the deeth certificate be executed physician and s the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or as a consequence of): ettending p signed by the eld d be deteched for Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Chronic obstructive lung disease þ page 2 should b Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy completion of cause of death? 1 ☐ Yas 2 ☐ No certificate Attending Physician: director. Be 25. Was cese referred to medicel examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this Certification: 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Netural 1 ☐ Yes 2 ☐ No

funeral After nours effer death.

Neral Director: Aff 5 Hospital To the Hospital within 24 hours of To the Funeral Completely filled

5 Pending invastigation 2 Accident 3 Suicide 6 Could not be 4 Homicide

29a. Certifier one)

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

TSCertifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha tima, data and place, and due to the cause(s) and manner stated.

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29b. Signature and titia of certifier

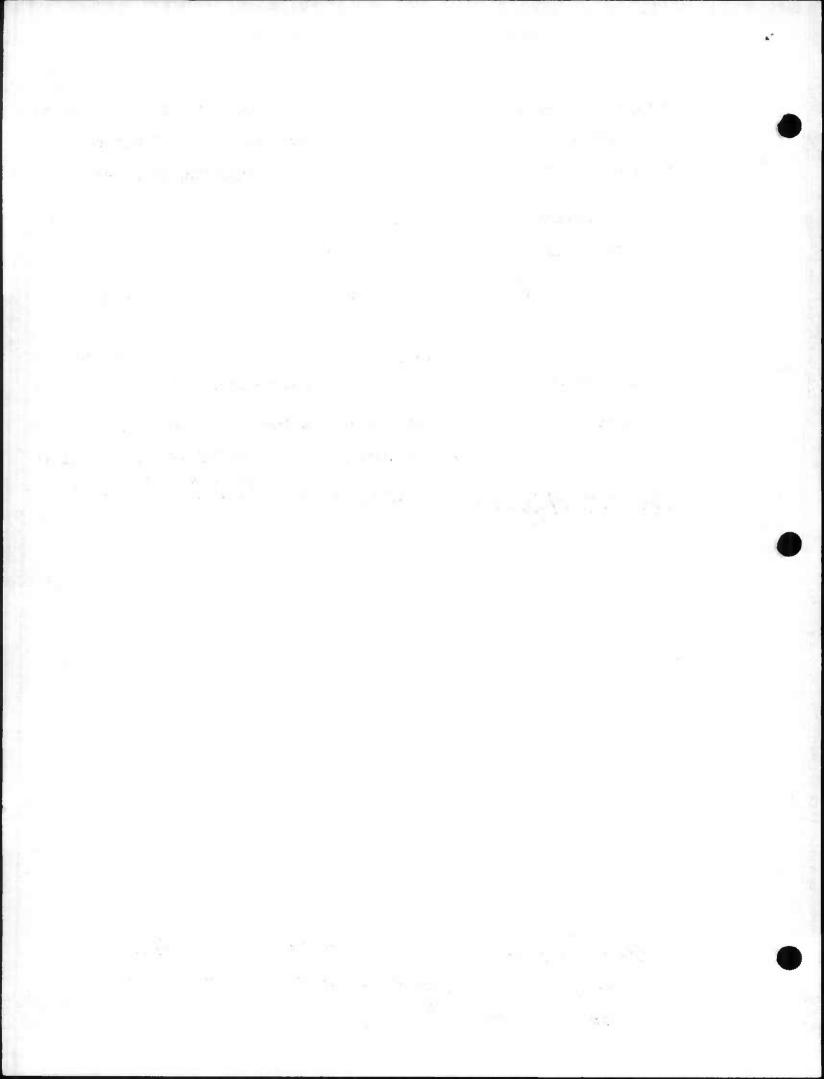
29c. Licanse number D16587 29d. Data signed (Month, Day, Year)

30. Name and address of person who completed causa of daath (Item 23a) (Type, Print) 5601

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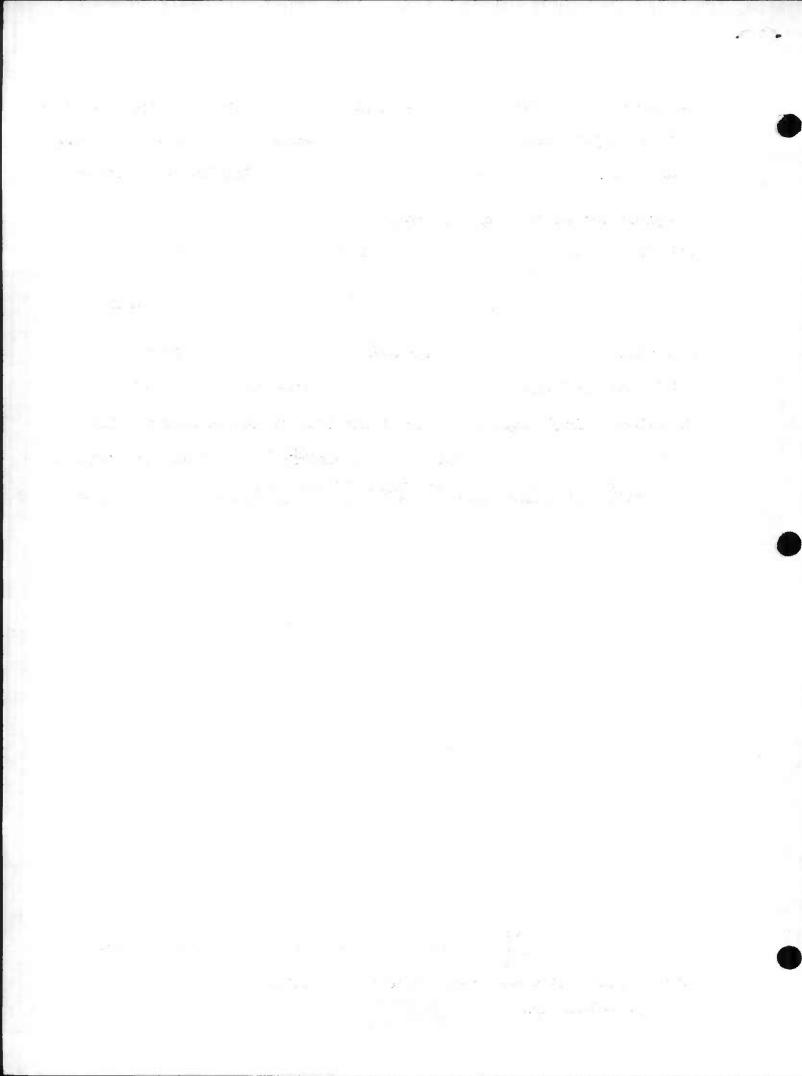
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State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene 96 21755

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	Funeral Director		5. Social Security Number 213 - 03 - 2056	5. Sex 1 ⊠ M 2 □ F	7. Age (In yrs.	78 Yrs.	If Under 1 Y Months D		Hrs. 8. Dete of E Min. (Month, I	Sirth Pear) 20,191	9. Bilthpiece Country) 8. Mary	(State or Foreign
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21215-0020	filed within 72 hours efter death with the Maryland Hygiene. ther than "natural", or heme 23a or 28a-f show ent, the Medical Examiner must be notified at	by Funeral Director	1 Never Merried 2 Merrie 3 Widowed 4 Divorced	Armed Fore	ces? 2 ☐ No	lf.	Yes, specify	of Hispenic Origin Cuban, Mexican, P No Specify:	uerto Rican, etc.)		ck, White, etc.	21011,
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			E.K. FRAITI,	sr. 5t. 1	Hanes	Hospit	re 12ex	or & surger	Y Bulling	more m	0 212	14

State Registrar

31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth **Physician** Month Troublefield Jack July 20, 1996 11:05 AM /Medical 4b. City, Town, or Location of Death 4e. Facility Name (If not institution, give street and number) 4c. County of Deeth **Examiner** Corsica Hills Nursing Home Centreville Queen Annes If Under 1 Year | If Under 24 Hrs. | Months | Days | Hours | Min. | 5. Social Sacurity Number 6. Sax 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) **Funeral** 1⊠M 2□ F Days Hours Months Yrs. Director 217-07-3643 May 12, 1914 New Jersey Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 ☑ No Director Maryland Baltimore N/A 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8702 Inwood Rd. Funeral 21244 USA 11. Maritel Status 12. Wes Decedant Evar in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican indien, Bleck, White, etc. 1 Never Memiad 2 Merried 1 ☐ Yas 2 ☑ No If Yes, Give Year or Datas: 1 ☐ Yes 2 ☑ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Ceramic Collega (1-4or 5+) 9th Grade Self Employed Hardwood Floors 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Alfred Troublefield Unknown 19e. informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Martha Troublefield (Wife) 8702 Inwood Rd. Baltimore, MD 21244 20b. Pleca of Disposition (Neme of camatary, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stata 1 XBuriel 2 ☐ Cremation 3 ☐ Removel from Steta 4 ☐ Donetion 5 ☐ Other (Specify) 7-24-96 Baltimore, Maryland Loudon Park Cemetery 21. Signature of Fignerei Service Licensea 22. Nama and Address of Fecility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, made or heart feilura. List only one cause on each line. Approximete Intervel Between Onsat and Death **Physician** /Medical Immediate Cause (Final disaese or condition resulting in deeth) **Examiner** Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in daeth) Last Due to (or as a consequenca of): Physician/Medical Due to (or as a consequance of): Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the causa of death? 1 | Yes 2 | No 3 Probably 4 □ Unknown 2 24b. Were autopsy findings available prior to Completed 24a. Wes en autopsy completion of cause of deeth? 1 Yes 2 10 1 ☐ Yes 2 ☐ No Be 25. Wes case refarred to medical examiner? 26. Plece of Deeth (Check only one) Hospital: Other: 4 Surring Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death 28a. Dete of injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how Injury occurred To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Afte completely filled in by the furnitude of the furnitud 1 E Naturai 5 Pending invastigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 Homloide 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha time, dete end plece, end due to the cause(s) and manner es steted.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date end plece, and due to the cause(s) end menner steted. edical 29a. Certifier 29b. Signeture end title of contifier 29c. License number 29d. Date signed (Month, Day, Year) 37036 anno 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Gary Sprouse, M.D.; 2108 Red Apple Plaza; Chester, Md. 21619

32. Registrar's Signature

8. 0. n.

31. Dete filed (Month, Dey, Year) JUL 23 1996

Registrar

DHMH 16 Rev 6/95

"natural", or items 23s

altimore, Maryland 21215-0020

permit. Pages 1 and 2 should be Department of Health and Mental Important: If Item 27 is marked of

The law requires that the death certificate be executed

P.O. Box 68760,

Records,

Division of Vital

Hospital or Attending Physician:

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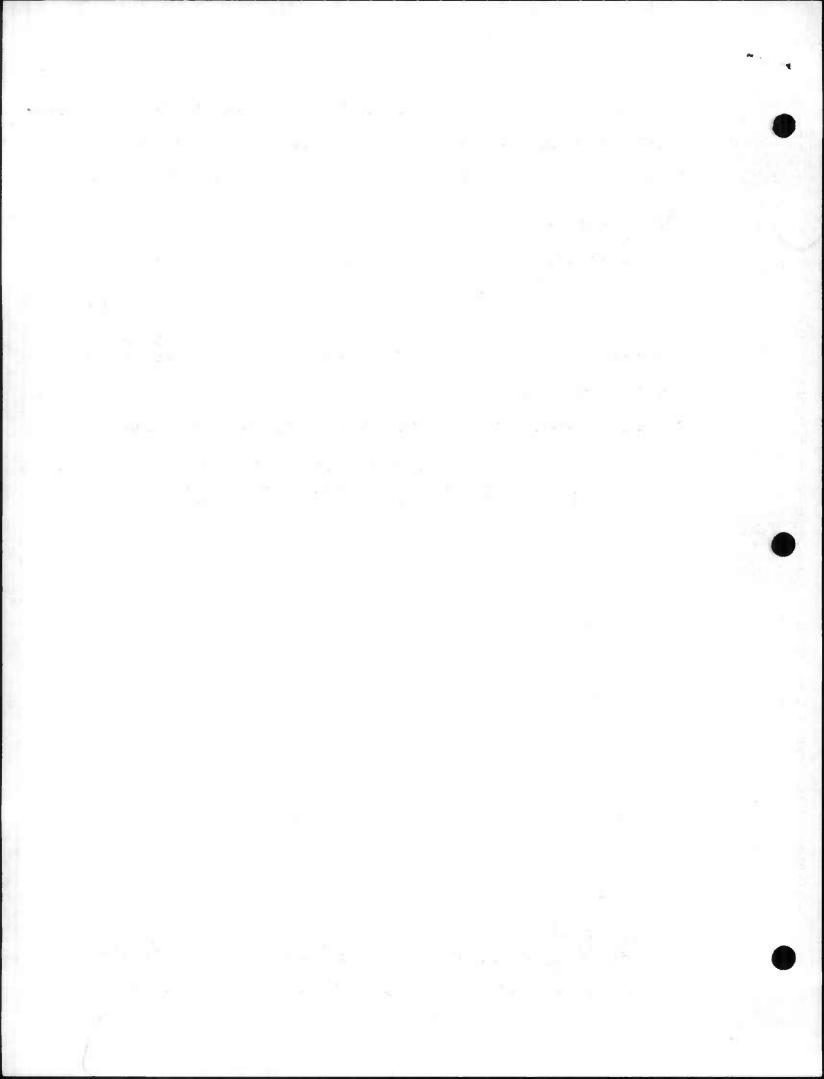
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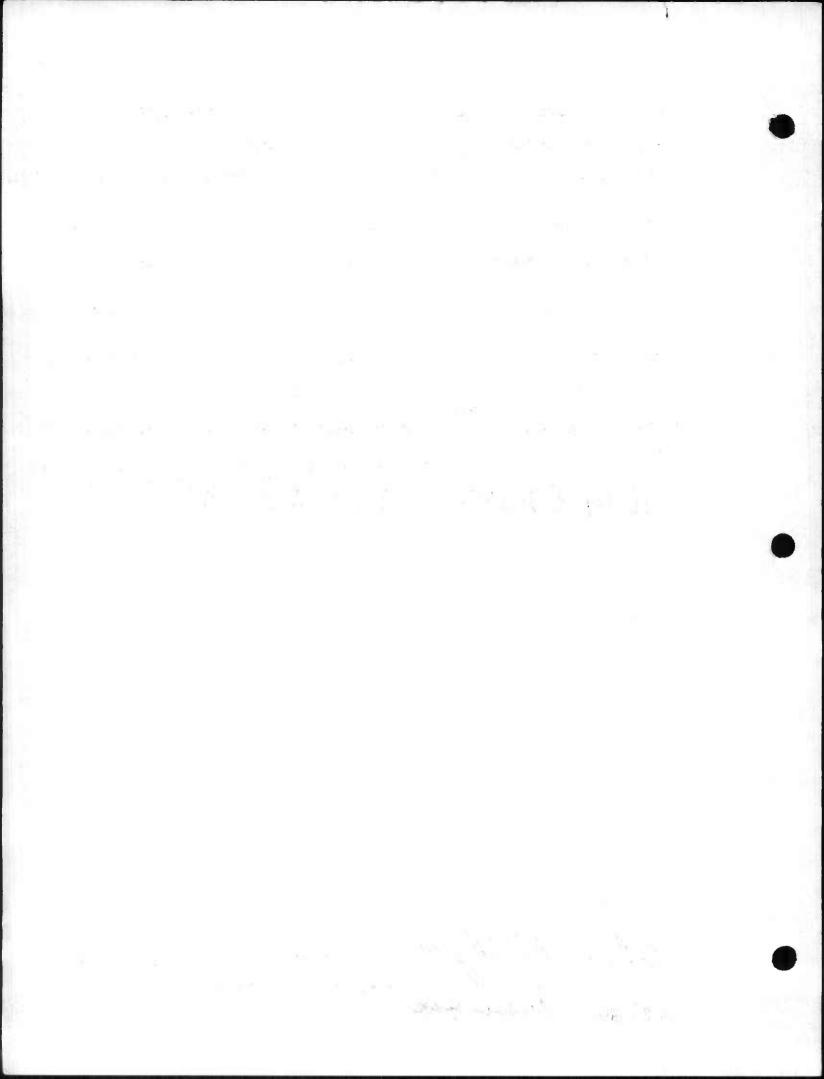
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State of Maryland / Department of Health and Mental Hygiene 96 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Year **Physician** Sarah July 18, 1996 Jane 0345 AM /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Saint Agnes Hospital Baltimore n/a If Undar 1 Yaar Months Days If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1 M 200 Yrs. 226-26-1487 78 Director May 14, 1996 North Carolina Usual Rasidance of Dacedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits rai', or items 23a or 28a-f show Examiner must be notified at 1 Yas 2 No Directo n/a MD Baltimore 10e. Street and Numbar 10f. Zip Coda 10g. Citizen of What Country? permit. Pagas 1 and 2 should be filed within 72 hours efter death v Department of Health and Mantal Hygiene. Important: If Item 27 is marked other than "natural", or flems 23a any injury or other traumatic event, the Medical Exercises 2008. 804 North Augusta Avenue 21229 Funeral **USA** 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, 11. Marital Status Black, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Give Yaar or Datas: 1 Navar Married 2 Married 1 ☐ Yas 2 ☑ No Specify: Š 3 Widowed 4 □ Divorced Black Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondery (0-12) Collega (1-4or 5+) High School Seamstress U.S. Public Health 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Major Robertson Mary J. Pear 2 19a. Informant's Name/Raiationship (Type, Print) COUSIN 19b. Malling Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) Janice W. Robertson 5100 Kenilworth Avenue Baltimore, Maryland 21212 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Arbutus Memorial Park July 23 | Baltimore County, MD 22. Nama and Addrass of FacilityNutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 Baltimore, Maryland 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onset and Death Physician Immediata Cause (Final disaasa or condition resulting In daeth) /Medical a. Metastic Lung Cancer VEAR Examiner Dua to (or as a consequence of): Examiner 2 years Diabetes The lew requires that the deeth cardificate be executed attanding physician end for use as the burial-transit Sequentially list conditions, if any, laading to immadiata cause. Entar Underlying Cause (Disaasa or Injury that Initiated evants rasulting In death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Hypertension 10 years Physician/Medical Dua to (or as a consequance of): Coronary Artery Disease 10 years signed by the aid to be detached f Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ò 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed certificate hes b lirector, page 2 s 1 ☐ Yas 2 X No 1 ☐ Yas 2 ☐ No ei or Attending Physician: T s after daath. Il Director: Atter this certificat ed in by the funaral director, pi Be 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Hospital: 1 Nanpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) Certification: To 1 Yas 2X No 28a. Date of Injury (Month, Day Year) 27. Mannar of Deeth 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant in 24 hours.
the Funeral Director, filled in by the 6 Could not be 3 Sulcida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 - Homicide Hospitai 29a. Cartifiar 1- Certifying Physician: To the bast of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. To the Hosp within 24 ho To the Fune complately fi (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, end due to the cause(s) and manner stated. 29b. Signature and titla of certifian 29c. Licensa number 29d. Data signed (Month, Day, Year) P09138 July 18, 1996 30. Nama and address of parson who completed causa of death (Itam 23a) (Type, Print) St. Agnes Hospital Center 900 Caton Ave. Balto, MD Allen Reilly, MD

Julie Develor High ture

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

21750

							C	ertifica	ate of	Death	vioritai i i j	Reg. No	-	O	G 1	139
п	Discount of		Decedeni'a Name (First, Mic	idie, Las	st)			N 1			2. Dete of Do	eeth Da		Year	3. Tim	e of Death
	Physic /Medi		Richard		Thornt	on,	Sr.					16,				7:15PM
)	Exami		4a. Facility Name (If not institut	ion, giv						4b. City, Town, or I			. County			
	EXAMIN		Mercy Medica:	Ce	nter 301	St.	Pau1	l Plac	20	Baltimo	ro			n/	/a	
-	Francis		5. Social Security Number				last birtho		der 1 Yeer			rth				te or Foreign
	Funeral Director		217-24-2545 Usuel Residence of Decedent	1	ex. 7. Ag	65		Monit	ns Deys	Hours Min.	8. Daie of Bi (Month, Di OCt 11	ey, Year	930	Ma	ryla	nd na
	ahow d at		10e. Stete 10b. Coun	-			ty, Town o						VP	1		e City Limits
	W P	cto	MD	n/	a		Balti	lmore							יעני	res 2 □ No
	£ 60	Oire	10e. Street end Number					10f.	Zip Code			10g. CI	Itizen of V	Vhat Cour	ntry?	
	th w	8	3019 Gwynns Fa	a11s	Parkway				2	1216			Ţ	JSA		
21215-0020	filed within 72 hours after death with the Maryland thygiene. ther than "netural", or flerns 23a or 28a-f ahow ont, the Medical Examinat must be notified at	by Funeral Director	11. Meritel Stetus 1 Never Married 2 M 3 Widowed 4 Divorce		12. Wes Decedent Armed Forces? 1 ☑ Yes 2 ☐ If Yes, Give Yeer or Detes:		i,S.		cedent of pecify Cub	Hispanic Origin? (S ean, Mexican, Puert Specify:	pecify Yes or No Rican, etc.)	0-				1,
Ō	2 ho		15. Deced	eni's Ed	lucation		16e. De	ecedent's U	sual Occu	pation		16b. F	(ind of Bu	usiness/In		
7	in 7	Completed	(Specify only high				(C	live kind of le. DO NO	work done use retire	pation during most of wor ed)	king					
2	d within piene. r then	E	Eiementery/Secondary (0-12	,	Coilege (1-4or	5+)	1			ncipal		Ba11	to Ci	it.v F	ubli	c Schl
0	l be filed with ntal Hygiene. od other than event, the M		17. Fether's Neme (First, Middl	e. Last)	•		11001	Locarr	, 111	18. Moiher's Nan					0.022	
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a la	C1 60 60 60		19e. tnforment's Neme/Reletio		ype, Print) Wli	e	19b. N	lalling Addr	ess (Stree	t and Number or Ru	rai Route Numb	ber, City	or Town,	State, Zip	Code)	
	other tr		Shirley Thorn	ton						Falls Par				ore,		21216
0	or off		20e. Method of Disposition 1 ☐ Buriai 2 🖾 Cremetion	. 2□	Removal from State	20b. I	Piece of Di cemetery,	isposition (/	Verne of or other ple	oce)	Daie	20c. L	ocation -	City or To	own, Stete	9
Ē	Peg int: I		4 □ Donetion 5 □ Other			Met	ro Ci	remato	rv	i	uly 19	Cato	onsv	i 11e.	Mar	vland
Baltimore,	permit. Peges Department of I Important: If ite any injury or of		21. Signature of Funerel Service	e Licen	see	, 100		22. Neme	end Addr	ess of Facility Nu	tter Fu	ner				
	40240		1 John	14	mer	_		Balt	imor	e, Maryla	nd 212					
	Physician /Medical Examiner	J.	23e. Pert1. Énter the disease, shock, or heert feilure. Li immediete Ceuse (Final disease or condition resulting in deeth)	at only		bo1	ic A	cido	sis					-	Onset e	male Between nd Deeth
	pe tis	Ę			Meta	sta	tic	Carc	inom	a of th	e Lung				1	year
o,	ifficate be executed g physician and es the bunat-transit	Examiner	Sequentially list conditions, if sny, leeding to immediate cause. Enjer Underlying Ceuse (Diseese or Injury that initiated events			Due to (or as a cor	sequence (of):							
68760,	ate by	edical	that initiated events resulting in death) Lest	5	c	Due io (d	or es e con	sequence o	f):							
	E 00		•	L	d											
Box	attending	Physician/N														
o.	p of the d	ysi	Part ti. Other significant condi	ttons o	ontributing to death b	ut not res	ulting In th	e underlyln	g cause gi	ven in Pert t.	23b. Did	tobacco	o use cor	ntribute to	o the cau	se of death?
<u>a.</u>	requires that the death cer seen signed by the attendir hould be detached for use		Congestive	Ca	rdomyopa	thy					11	Yes	2□ No	3 Pro	bably 4	I Unknown
g	S S S S S S S S S S S S S S S S S S S	d by									24e. Wes	e en eute	anev	24h W	ere auton	sy findings
Records,		Completed	Acute Rena	1 F	ailure_							ormed?	эрэу	av co	ailable pr mpletion deeth?	or to
~	The lew rate has b page 2 s	0.0	Acute Hepa	-ia	Ducture	+ 10	~				10	Yes 2	No S	10	☐ Yes	2□ No
B		Be C	25. Wes case referred to medic		Dystunc	CIO	11			26. Place of Dee	th (Check only		Λ	1		
or Vital	ysiclan: is certific director,	0	exeminer? 1 ☐ Yes 2 🛣 No		Hospitel: 1 🗷 Inpalie	nt 25	I CD (Out o	1 2 D	DOA Ot	hor	ome 5□Res		a 🗆 🗆	(0!	E.A.	
on of	5 5 =	-	27. Menner of Deeth 1 Meturel 5 ☐ Pend		28e. Dete of Inju (Month, Da		28b. Tim Inju	e of ry	28c. Inju	ry at ork?	28d. Describe				γ)	e all
S	ttandi death ttor: A	cat	2 Accident Invest	tigeiion d not be				M		Yes 2 No		10.			16	
DIVISION	il or Attanding P after death. I Director: After t d in by the funera	Certification:		mined	28e. Plece of Inj building, et	ury - At h c. (Specii	ome, farm	, street, fect	ory, office		28f. Location ((Street a. own, Stet	nd Numb (e)	er or Rura	al Route I	vum <i>ber</i> ,
	To the Hospital or Atta within 24 hours after de To the Funeral Directo completely filled in by th	Medical C	29e. Certifier 1X Certify (Check only one) 2 Medica	ing Phy	rstcian: To the besi liner: On the besis of end menner st	examine	wiedge, d	eeth occurr r Investigati	ed at the ti	me, dete end plece opinion, deeth occu	, end due to the rred et the time,	cause(s , dete en	s) end ma id piece, a	nner as s	tated.	se(s)
	To the within 2 To the comple	M	29b. Signeture and title of certif	ier	A	110.	1		29c. Linen	se number		29d D4	ate signe	d (Month,	Day Von	(1)
	¥ ¥ ¥ 8		111	. /) (~~	1400	ing	1					1	1/	100	.,
}	<		Marie	u y	· roll 11	on	Mo		DO.	7930		Ju	14	16)	15.6	
	IVA		30. Name and address of person Marvin J.					pe, Print) St.	Pau	1 Place	, Balt	imo	re.	MD	21	202
	Sta	te	31. Date filed (Month, Day, Yea		1. 0. 32/Redistr	ar's S	00 Aug				,					
	Registr		JUL 23 1996		guna varia	ma-blo	- protoco	3								

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Death 3. Time of Deeth Dey 14, July, 1996 4:50 p.m. 4b. City, Town, or Location of Deeth 4c. County of Death

/Medical **Examiner**

Director

Funeral

by

Physician

Funeral Director

the Menyland

Peges 1 end 2 should be filed within 72 hours after deeth with the Merylan nent of Health end Mental Hygiene. ant: If item 27 is marked other than "natural", or items 23a or 28a-f show ury or other traumatic event, the Medical Examinst must be not ited as permit. Pege Depertment of Important: If any Injury on

altimore, Maryland 21215-0020

Physician /Medical Examiner

Examiner

Physician/Medical

à

Completed

Be

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Certification:

Medical

physician and the burial-transit USe as for signed by the e peed hes certificate ם

Box 68760

livision of Vital Records, P.O.

ha, 24 vithin 2 To the

> State Registrar

1. Decedent's Nama (First, Middla, Last) RICHARD H. THOMAS 4e. Facility Neme (If not Institution, give street and number) Frederick Memorial Hospital Frederick Frederick Hours Min. 8. Dete of Birth (Month, Day, Year, 6. Sex 1 ☑ M 2 ☐ F If Under 1 Year Months Days 5. Social Security Number 7. Aga (In yrs. lest birthday) Birthplaca (State or Foreign Country) Days 148-26-5330 62 May 14, 1934 Wilmington, DE Usual Rasidence of Decedant 10e. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No Frederick Frederick 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5704 Trail View Ct. 21703 U.S.A. 12. Wes Decedant Evar In U.S. Argued Forcas? 1 23 Yes 2 ☐ No If Yas, Giva Yaar or Detes: / ∠op €/} 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Black, Whita, atc. 1 Nevar Married 2 Merried 1 ☐ Yas 2 X No Specify: white 3 X Widowed 4 □ Divorced 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) 12 0 Dept. of Defense Topographer 17. Fathar's Nsma (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumeme) Joseph Harpel Thomas Anna Olivia Stanert 19a. Informent's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Numbar, City or Town, State, Zip Coda) Kathy Ranson 7075 Bradshaw Ct., Frederick, MD 21703 20b. Place of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 N Burial 2 ☐ Cramation 3 N Ramovel from Stata 4 ☐ Donation 5 ☐ Other (Spacify) Chestnut Grove Cemetery 7/18/96 Herndon, VA 21. Signeture of Funaryli Sarvice Licens 22. Name end Addrass of Facility Green Funeral Home, Inc. varia. Enter the disaasa, or complications that caused the deeth. Do not antar the mode of dying, such as cardlec or respiretory errest, shock, or haert failure. List only one pause on each line. Approximata Intarval Between Onsat and Deeth Immediata Causa (Finel diseasa or condition rasulting in daath) Dua to (or as a consequence of): Cancu

Sequantially list conditions, if eny, laading to immediata causa. Entar Undarlying Cause (Disaasa or Injury that initiated avents resulting in daath) Last

axaminar?

5 Panding

Invastigation

6 Could not be datermined

27. Mannar of Desth

1 ⊟Natural

2 Accident

3 Sulcide

29e. Cartifian

4 Homloida

(Check only one)

29b. Signatura end title of certifier

Due to (or as e consequance of): Due to (or es e consaquance of):

Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I.

25. Was casa refarred to medical

Hospital: (1 inpatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work?

28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 28d. Dascribe how injury occurred 1 Yas 2 No 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

24a. Was an autopsy performed?

10 No

Tell Certifying Phyalcisn: To tha best of my knowledga, daath occurred at tha tima, deta and place, and dua to tha causa(s) and mannar as ststed.

2 Medical Examiner: On tha basis of axamination end/or invastigation, in my opinion, daeth occurred at the tima, date and place, and due to the cause(s) end manner stated. 29c. License number

29d. Date signed (Month, Dey, Year)

23b. Did tobacco use contribute to the cause of death? 12 Yes 2 No 3 Probably 4 Unknown

24b. Wara autopsy findings evailable prior to completion of cause of death?

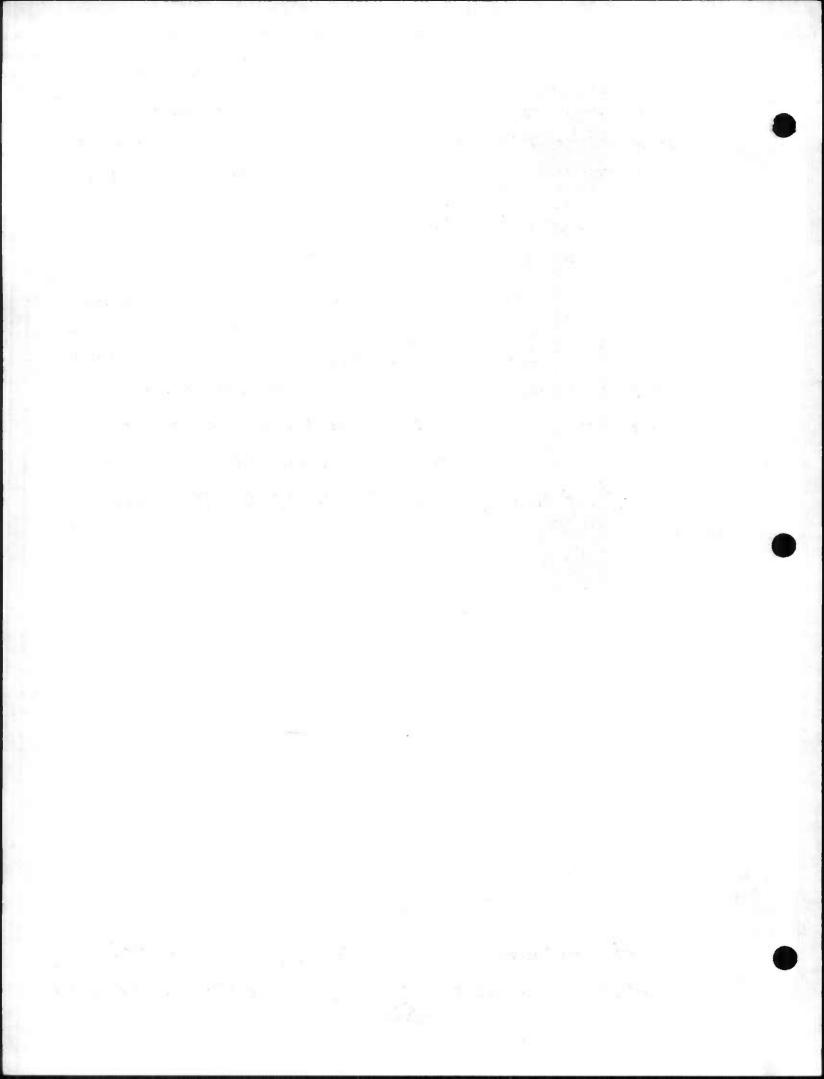
1 ☐ Yas 2 ☐ No

30. Nama and addrass of person who co emplated causa of daath (Item 23a) (Type, Print) 31. Deta filed (Mohith, Day, Year)

JUL 23 1996 Jan M.D. 32. Hagistrar's Sign ma Jandson

tanes aus. Frederick and 21701

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 2 1 76 1

hysician /Medical xaminer	Decedent's Neme (First, Middle, Edga Kenneth Edga												
/Medical	Kenneth Edga		MANT					2	. Date of Deet -Month	Dev	Yeer	3. Time	of Deeth
xaminer									Jult.	19,	1996	7:4	1 PM
	4e. Fecility Neme (If not institution, g		er)			4	b. City, To	own, or Loca	tion of Deeth	4c. Count	y of Deeth		
_	5. Sociel Security Number 6		Ama (Image I	a a d la fath ala i al	If Under 1	Voor	B If Under	ALTIMO		N/	T		
eral ctor	219-22-0539	1 M 2□ F	Age (In yrs. k 68	Yrs.		Deys	Hours	Min.	Dete of Birth (Month, Dey. JAN 3.	Year) 1928		olaca (State otry) CYLANI	
	Usuei Residence of Decedent		T							1,20		C Z ZZZZZZ	
	MD 10b. County	N/A	10c. City	, Town or Lo) TZ					1	Od. Inside	
-uneral Director		N/A		BA	LTIMOR	CE.						1.L.) Ye	s 2 N
Funeral Director	10e. Streef and Number				10f. Zip (1	0g. Citizen of		ntry?	
rai	4416 ELDONE ROA					2122					S.A.		
L L	11. Maritel Stetus	12. Wes Decede	s?		Wes Decede f Yes, specif	nt of Hi y Cube	ispanic Ori on, Mexicar	igin? (Speci n, Puerto Ri	fy Yes or No- can, etc.)		ce - Americk, White,	etc.	
by F	1 □ Never Merried 2 X Married 3 □ Widowed 4 □ Divorced	1 XYes 2[If Yes, Give Yeer or Dete	s: WW	II	1□Yes 2	ON [Specify:			Speci	y:	WHITE	Ξ
Be Completed	15. Decedent's (Specify only highest of	Education trade completed)		(Give	dent's Usuai kind of work	done d	durina mos	at of working		16b. Kind of E	lusiness/in	dustry	
ğ	Elementery/Secondery (0-12)	College (1-4d	or 5+)	life.	DO NOT use	retired	1)			D.17.00			
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raumatic evant, the M To Be Comp	RAYMOND EDGAR W								First, Middle, M LLEN LE		110)		
2	19e. Informent's Neme/Reletionship			10h Mallir	a Addrone /	Street			Route Number		State 7in	Cadal	
8	VIRGINIA L. WID		(3						TIMORE		2122	-	
	20e. Method of Disposition		20b. Pl	eca of Dispo	sition (Neme	of		DAI		20c. Location			
any injury or other tra-	1 ☐ Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec		10	metery, crer RAINE			•	7/2	23/96	BALTI	MORE		
any injury o	21. Signature of Funeral Service Lio	grisee	7	22 HII	. Neme end BBARD	Addres	ss of Fecili	HOME	TNC				
2 2	1 M. ne	al Colo	non	/					BALTIMO	RE MD	2.1	229	
as the burial-transit.	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	a. Coud b. Cou	Due to (or	es e conseq	uence of):	9	0	·lem					
Physician/M	Pert II. Other significant conditions	d	but not moul	the letter	adoch ing on	on ohu	an In Day I	1	22h Did to	bacco use co		a the same	
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ted by									24e. Wes a		24b. W	ere eutops eilable prio	y finding
Completed										/	CC	mpletion o	cause
Con									1□ Ye	s 20 No	10	Yes 2	₽No
Be	25. Wes case referred to medical examiner?						26. Place	of Deeth (Check only op	0)			
2	1 ☐ Yes 2 ☐ No	Hospital: 1 🗆 Inpa		R/Outpetlen	t 3 DOA	Othe	er: 4□ Nu	ursing Home	5 A Reside	nce 6 🗆 Ot	her (Specia	y)	
inera ion:	27. Manner of Deeth 1 Moneturel 5 ☐ Pending	28e. Dete of In (Month, I	ojury Dey Year)	28b. Time of Injury		. Injury			d. Describe ho	w injury occu	rred		1
ed in by the funeral Certification:	2 Accident investigati 3 Suicide 6 Could not 4 Homicide determine	be 28e. Pieca of	Injury - At horetc. (Specify)	ne, ferm, str	M eef, fectory,		Yes 2		f. Location (St City or Town	reet and Num n, State)	ber or Run	al Route Nu	ımber,
5 7	29a. Certifier (Check only one)	hysician: To the beaminer: On the basis	of examineting	riedge, deeth on end/or inv	occurred et	the tim	ne, dete en pinion, dee	id plece, and	d due to the ca	ause(s) and m	enner es s	tated.	e(s)
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Medical C	29b. Signeture end fittle of cartifier 30. Name and endress of person who	Clause of	lliet	lm;	DC	> 2	235	382		yu &	20/	199	6

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State of Maryland / Department of Health and Mental Hygiene

96 21762

								Cer	tificat	e of	Death			Reg. No.		-1702
	*		1. Decedent's Nar	me (First, Middle,	Last)								2. Date of De		Marine.	3. Time of Death
	Physic		Gene	eva A.	Warne	er							07-19	Day -1996	Yaar	9:45p/m
34	/Medi Exami		4a. Facility Name								4b. City, To	wn, or Lo	cation of Death		of Death	1
4	Exami	ner			ldham		et				-	tim		1	A -	
-		-	5. Social Sacurity		6. Sax		(in yrs. last b	irthday)	If Under	1 Yaar			8. Date of Bird			olaca (Stata or Foreign
н	Funeral		218-46-		1□ M 3□F	_	81	Yrs.			Hours	Min.	(Month, Da	17,191	Cour	ntry) Md
Ш	Director		Usuai Residance										July	17,101	,	na
	Pue M		10a. Stata	10b. County			10c. City, To	wn or Loc	cation						1	0d. Insida City Limits
	Yery fah	5	Md	N/A			Ва	lti	more							1 XYes 2 No
	28e	Director	10e. Street and N	umber					10f. Zip	Code				10g. Citizen of	Mhat Cour	200.2
	with		723 S.		Ctwoot					224				U S		itry r
	s 23	Funeral		Ordinam			h 11.0	140.14				L-1-0 (0-	/6 - M N			an India
	er de	- C	11. Marital Status	eled OF Meets	12. Was Dec	orces?		if.	Yes, spec	cify Cub	an, Mexicar	n, Puarto	ecify Yas or No Rican, etc.)	Bla	ck, White,	etc.
20	s of	by F		rried 2 Marrie 4 Divorced	If Yas, G	2⊠ No iiva)	1	☐ Yes 2	2 % No	Specify:			Specif		
21215-0020	filed within 72 hours efter death with the Meryland Hygiene. ther than "natural", or flems 23a or 28a-f show ent, the Medical Exprense must be notified at	N N	0 92 111001100			Dates.	16	Doord	antio Have	i Onour	ation			10h Kind of D		ite
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2	H Page		17. Fathar's Name	/First Middle I	act)			11.	Omem	anc		or's Name	First Middle	Maiden Surnar		16
an	be de la la la la la la la la la la la la la	Be	7,51, 77.2	iel Smi									erine		110)	
Z	S should be filed with end Mental Hygiene. Is marked other than aumatic event, the M	10													(a. 3) (a.)	
Maryland			19a. Informant's h							-				er, City or Town		· ·
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0			20a. Method of Di		3 □Removai from	State		ary, crem	atory or o	ther pla	,	i	Date	20c. Location		
Ë	Peg ant:			5 ☐ Other (Sp.			Oakl	awn	Cem	ete	ry	7.	/22/96	Balt	imor	re, Md
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Signature of F	uneral Service L	icensee						ss of Facili	•				
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			23a. Part1. Enter shock, or he	the disease, or o	complications thet			not enta	r tha mod	e of dyir	ng, such as	cardiac d	or respiretory a	rrest,	, M	Approximate
л	Physician		SHOCK, OF NO	en ranura. List o	my one cause on	acri line		1-	-	0			,		1	Onset and Death
2	/Medical		Immediate Cause		+	ani	Color	10		0	MA	DN			1	(PWIS
	Examiner		disease or conditi resulting in death)	a	Deal					1.10	UY			1	9 1100.
	<u> 21 - 25</u>	ē				U	ue to (or as a	consequ	uence or).						1	
	uted	Examiner			b. ———	-			10000000						1	
-	be inscuted ician and buriel-transit	Exa	Sequentially list of any, leading to it cause. Enter Und Cause (Disease of	inmediate		U	ue to (or as a	consequ	rence or):						1	
29	P P		Cause (Disease of that initiated even	or injury	c	-										
687	A PER	Medical	resulting in death)	Last		Di	ua to (or as a	consequ	ianca of):						1	
×	IN BEAUTIFIED				d											
m	the st	Physician			and the same of the same of				NA LOCALIST				I de la company			
0	the deeth y the atte- ached for	ys	Part II. Other eign	meant condition	e contributing to d	death but	not resulting	In the un	derlying c	ause giv	en in Part I	l.				the cause of death?
0	thet ad be dete					1)	14						10	Yee 2□ No	3 Pro	bably 4□Unknown
ds,	2 6 2	d by											Odn Man		Jah W	ere autopsy findings
Record	v require been si should	Completed											perfo	an autopsy rmed?	av	ailable prior to
Sec.	9 20	ldu						-							of	death?
	Page Page	Co											10	Yas 2000	1[☐Yes 2☐No
of Vital	Physician: The this certificate ral director, pag	Be	25. Was case refe axaminer?	erred to medical							26. Place	of Deat	h (Check only o	one)		
-	5 00	0	1 ☐ Yes	No	Hospital:	Inpatient	2 ER/0	utpatient	3□ DO	A Oth	nar: 4□ Nu	ursing Ho	me 5 Rusio	dence 8 □Ott	ner (Specif	y)
			27. Maymer of Dea	5 ☐ Pending	28a. Date	of Injury		Time of Injury	2	8c. Injur	y at		28d, Describe 1	how Injury occur	red	
0	Attending or death. ector: After by the fune	atic		investiga	ation				М		Yas 2□	No				
Division	or Attendented of the Control of the	Iffe	3 ☐ Sulcida 4 ☐ Homicide	6 Could no determin	ed 286. Plac	e of Injury	y - At homa, f	arm, stra	et, factory	, office			28f. Location (3 City or Tox		ber or Rure	al Route Number,
Ö	s effer I Direct	Certification:	42110111000		Dulic	ding, etc.	(Specily)						City of 10	vii, State)		
	To the Hospital or / within 24 hours effer To the Funeral Dire completely lilled in b		29a. Certifier (Check only	12 Certifying	Physician: To the	e best of	my knowledg	e, death	occurred a	at the tir	ne, data an	d place,	and due to the	cause(s) and m	annar as s	tated.
	Ne Ho	edical	one)	2 Medical E	xaminer: On the b	oasis of e	xamination a	nd/or inv	estigation,	in my o	pinion, dea	th occurr	ed at the time,	dete end piece,	end due to	the cause(s)
	To th To th	Σ	29b. Signature and	Tille of centiller	//	11	01	1.	1 290	Licens	a number	1	0	29d. Date sign	d (Month,	Day, Year)
			1 / /	1- 1/	14/1	1/2	1	M	JY) /	59	0	1	11	21/	910
	(3)		30 Name and add	tress of berson	no campleted clau	no of dud	lth (tem (day)	(Type	Tip()	1	1		/ /	1/	0 4	4
	10		0	Nat	1)046	01	9	(1. Noch) <u>1</u>	77	1941	an	d Are	- 7	122	4
	Sta	te	31. Date filed (Mo	nth, Day, Year)	32.1	Begistrar	s Signatur				1		. , , -	- 0	00	
	Registi			UL 23 19	196 Fu	a Day	ridson-4	andel	2							
					2 T U			- 31								

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middia, Last) 2. Deta of Death 3. Tima of Deeth Month Dey **Physician** 20, July Willette 1996 Rose 4:14 PM /Medical 4b. City, Town, or Location of Death 4e. Facility Nema (If not Institution, giva street end number) 4c. County of Death Examiner Northwest Hospital Center Randallstown Baltimore If Undar 24 Hrs. 8. Deta of Birth (Month, Day, Year) 5. Social Security Number If Undar 1 Yaar 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M 2⊠ F Months Deys Yrs. 212-26-3654 83 Director Mar 19, 1913 Puerto Rico Usuat Residance of Decedant 10a Stata 10b County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2 No Director Baltimore N/A Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3522 Langrehr Road Apt. 1A 21244 U.S.A. Funeral 12. Was Dacedant Ever in U.S. Wes Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. Armed Forcas?

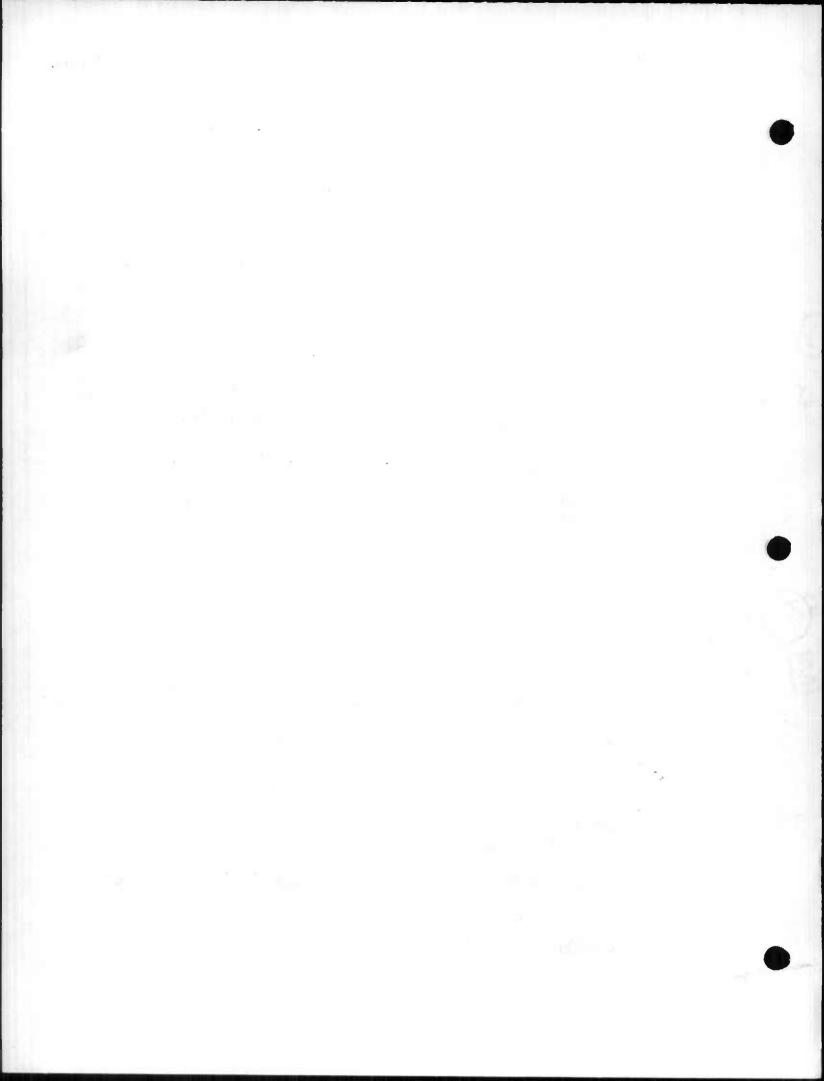
1 Yes 2 No
If Yas, Giva
Yaar or Datas: the Medical Examiner 1 ☐ Never Merried 2 ☐ Married 21215-0020 ò 1 ☐ Yas 2 A No Specify: þ 3 Widowad 4 Divorced "natural". White Completed 15. Decedant's Education 16a. Dacedent's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work done during most of working iifa. DO NOT usa retired) (Specify only highest grada complated) l Hyglene. Elamantary/Secondary (0-12) Collega (1-4or 5+) Civil Service Army Personnel Dept. Peges 1 and 2 should be filed nent of Health and Mantal Hygli int: If Item 27 is marked other Baltimore, Maryland 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Maidan Sumama) Be Unknown Unknown 19a. Informant's Neme/Ralationship (Type, Print) 19b. Meiling Address (Straat and Number or Rural Routa Number, City or Town, State, Zip Code) nt of Heelth e If item 27 is or other tra Mr. Ernest Barbosa 8349 Mindale Circle Baltimore, MD 21244 20b. Place of Disposition (Name of cemetery, crametory or other piace) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Removel from Stata Depentment of Important: If any Injury or 4 ☐ Donation 5 ☐ Othar (Spacity) Lake View Mem. Park Sykesville, Maryland 21. Signature of Funerel Sarvice Licentee 22. Nama and Addrasa of Facility Loring Byers Funeral Directors, Inc. How 8728 Liberty Road Randallstown, MD 21133 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batwe **Physician** /Medical Immediete Ceusa (Final disease or condition resulting in death) Weck Examiner Examiner Sequantielly list conditions, if any, leading to immadiata cause. Enter Undarlying Causa (Disaesa or injury that initieted events rasulting in death) Lest Box 68760. or Attending Physician: The law requires that the death certificete be Physician/Medical Part II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Did tobacco usa contributa to the cause of death? Hypertension 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Hypothyraidi 8m 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed Left Cerebrovas whom Accident axaminar? 2 No 2 No 26. Place of Deeth (Check only ona) Hospital: 1 Impatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas Certification: To 2 PLNO this 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28d. Describe how injury occurred 28b. Tima of 28c. tnjury at Work? After 5 Panding invastigation 1 Natural efter death. 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datermined 3 ☐ Suicida 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata) 28a. Ptace of Injury - At homa, farm, straat, factory, office building, atc. (Specify) filled in by 4 - Homleida Hospital
 24 hours e
 Funeral C 29a. Cartifian 1 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to tha cause(s) and manner as stated. Medical (Check only one) 2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, daeth occurred et the time, data and place, and due to the cause(s) and manner stated. within 2 29d. Dete signed (Month, Day, Year) 29b. Signatura end titia of cert 30. Name and eddrass of person who completed causa of daath (ttam 23a) (Type, Print) 31. Data filed (Month, Day) 334 degistra State

DHMH 16 Rsv 6/95

Registrar

JUL 23 1996

	FOR STATE REGISTRAR	STATE OF MARYL		CATE OF			MENTAL HYGII			
	1. DECEDENT'S HAME (First, Middle, Last) John Borst I						2. DATE OF DEATH MONTH July 21	DAY Y	EAR 3.	2:15pm m
	4. SOCIAL SECURITY HUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 2	MIN.	7. DATE OF BIRTH NOV • 14 , 1	8.	BIRTNPLA Country)	ACE (State or Foreign
	195-22-1938	5€ M 2 □ F	67 YRS.							PA
NO.	9a. FACILITY HAME (If not institution, give 23 Derwood Cour			9b. CITY, TOWN	kvil		EATH	9c. COUNTY		imore
5	RESIDENCE OF DECEDENT 100. STATE 100. COUH	TV	10c CITY	TOWN OR LOCA	HOM				100	d. INSIDE CITY
DIRECTOR	Md.	Baltimore		, , , , , , , , , , , , , , , , , , , ,			Parkvi	11e		LIMITS?
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE		01004			T COUHTRY?
Ä	23 Derwood Co						21234		SA	
BY	11. MARITAL STATUS 1 Hever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1. YES		If yes, s	ecify Cuban		HC ORIGIN? (Specify in, Puarto Rican, etc.) y:		Black, W Specify:	American Indian, Thita, atc. White
COMPLETED	15. DECEDEHT'S ED (Specify only highest grad	UCATIOH	16a. DECEDENT'S	USUAL OCCUPATI		7	16b. KIHD OF	BUSINESS/INDUS	TRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	a retired.)						
MP	12th		Po	lice Of	y			1to. Co	•	
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTH	ER'S HA	ME (First, Middle, Mai			
BE	Thomas Weber						Ethel Bo			
5	190. INFORMANT'S HAME (Type/Print) Margaret Weber						Acute Number, City or Ltimore M			
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State Cer	b. PLACE AHD DATE Of metery, cremetory or of	her placa)	_	10.4	1	LOCATION - CH		
	21. SIGNATURE OF FUNERAL SERVICE L		Dak I.Awn	Cemeter 22. NAME A		/24/		Baltimor	e Ma	•
	· R. Tim	y Come	00,1	Conn	elly	Fune	eral Home	of Ess	ex	1
	23. PART I. Enter the diseases, or	amplications that cause	d the dans Do n	ot enter the m	de of dyir	ng, auc	h as cardiec or re	papiratory arres	t,	Approximate
	iMMEDIATE CAUSE (Final disease or condition	Ust only one cause on	o lim							Interval Between Onset and Death
	resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE	The second						1 year
-			-							
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7:						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c								
E	that initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	7):						
H	reducing in death) LAST	d								
AL C	PART II. Other aignificant condition	one contributing to death	but not reaulting I	n the underlyin	g cause g	iven in		AN AUTOPSY		ERE AUTOPSY FINDINGS
								FORMED?	CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATN?
MEDIC										YES 2 LHO
	DID TOBACCO USE CON	TRIBUTE TO CAUSE (OF DEATH YE	S' NO	UNC	ERTAI	N D			
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT							
SIC	1 TYES 2 THO	HOSPITAL: 1 Inpatient 2 ER/Out	Ipatient 3 🗆 DOA	OTHER:	no 5 Lad	sidenca	8 Other (Specify)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Neturel 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY W	JURY AT DRK? YES 2	NO NO	28d. DESCRIBE HO	OW INJURY OCCU	REO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28a. PLACE OF IHJUR	Y — At home, farm, a	street, factory, offi	co		281. LOCATION (Sn City or Town, S		Rural Rout	te Number,
PLET	29a. CERTIFIER 1 CERTIFYING PNY	SICIAH: To the beat of my kno	wiedge, death occurr	ed at the time, dat	a and placa,	and due	to the cause(s) and	manner as stated		
COMPL		NER: On the basis of examinati	on and/or investigation	on, in my opinion,					1	
TO BE	296, SIGNATURE AND TITLE OF CERTIF	M.D.			29c. LICE	18		29d. DATE S	22	196
-	30. NAME AND ADDRESS OF PERSON V	910 / FR	PANKLIN	SOUA	RE	DR	. BAC	TO, MI	21.	237
	31. DATE FILEO (Month, Day, Year) JUL 23 1996	2. REGISTRAR'S SIG								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Deeth Month Dey DONALD. WALTMAN JOSEPH JULY 1996 3:30 PM 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth GLEN BURNIE If Under 1 Year If Under 24 Hrs. 8. Dat Months Days Hours Min. (Mo 712 MAYO ROAD ANNE ARUNDEL 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dev. Yeer) Birthplece (State or Foreign Country) 1፟፟ M 2□ F 217-26-7217 Yrs. 79 11/18/1916 PENNSYLVANIA Usuel Residence of Deceden 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2X No MARYLAND ANNE ARUNDEL GLEN BURNIE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 712 MAYO ROAD 21061 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 0 2 6 11. Marital Stetus Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 1⊠Yes 2□No 1936-If Yes, Give Yeer or Detes: 1961 Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 X No Specify: Specify: 3 Widowed 4 Divorced WHITE 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) NONE SOLDIER UNITED STATES ARMY 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) JOSEPH W. WALTMAN **JENNIE** MAY WATSON 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) JOHN E. WALTMAN (SON) 401 F. LENLOW CT., GLEN BURNIE, MD 21061 20b. Place of Disposition (Name of cometery, cremetory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriai 2 Cremation 3 Removel from State 4 Donetion 5 ☐ Other (Specify) MEADOWRIDGE MEMORIAL PARK 7/22/96 ELKRIDGE, MARYLAND of Funeral Service icenses 22. Name end Address of Fecility SINGLETON FUNERAL HOME 1 SECOND AVE. S.W., GLEN BURNIE, MD 21061 in, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, List only one cause on each line. cer with Immediete Ceuse (Fin disease or condition resulting in deeth) Due to (or es e consequence of Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Dfd tobacco uee contribute to the cause of death? 1 Yes 3 Probably 4 Unknown 2/ No

Physician /Medical Examiner

B

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Director:

Examiner

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Physi

by 8

Completed

To Be

Certification:

Medical

Physician

/Medical

Examiner

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Be 0

21. Signin

Funeral

Director

Show

r than "natural", or items 23a or 28a-f show the Medical Example must be notified at

Pages 1 and 2 should be filed within 72 hours after and of Health and Mental Hygiene.
int: If item 27 Is marked other than "natural", or ite

other

ò

permit. Page Department of Important: If eny injury or

altimore, Maryland 21215-0020

Division of Vital Records. P.O. Box 68760,

The law certificate has

Attending

6

death.

after

To the Hospital of within 24 hours a To the Funeral D

death with the Maryland

Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting In deeth) Lest

24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 Tes 1 Yes 2 No

25. Wes case referred to medical examiner? 1 ☐ Yes 28 27. Menner of Deat

1 Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Day Yeer) 28c. Injury et Work? 28b. Time of

26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d Describe how Injury occurred

5 Pending investigation Neturel / Accident 6 ☐ Could not be 3 ☐ Sulcide determined

Injury 1 Tes 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

(Check only

4 Homicide

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. License number

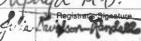
2 No

29b. Signature end title of certifier

erson who completed cause of death (Item 20e) (Type, Print) Glen 29d. Dete signed (Month, Dey, Year)

Registrar

31. Dete filed (Month, Day, Year) JUL 2 3 1996





State of Maryland / Department of Health and Mental Hygiene 96 21766

													Reg. No.			
cian	1. Deced	ant's Nema	a (First, Middle	e, Last)								2. Data of D Month	aath Dey		Yaar	3. Tima of Death
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iner	4e. Fecilit	y Name (#	not institution	, giva sti	reet and nun	n <i>ber)</i>				4b. City, Tow	n, or Lo	cation of Dee	th 4c. 6	County	of Deeth	
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Funeral Director		et end Num	nber FFORD S	STRE	ET			10f.	Zip Coda	21229			-	zen of W	/hat Coun	try?
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Be	17. Fetha	r's Nama (i	First, Middla, L	Last) DEAL	E					18. Mothar		(First, Middle	e, Maiden S	Sumame	e)	
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			eral Service		/	W L	DIERR		end Addr	ass of Fecility			DAL	3 I I I I I	OKE	
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To Be Completed by Physician/Medical Examiner	immediated disassa corasulting la causa. El Causa (D thet initiat rasulting la Pert II. Other causa. El Causa (D the causa) in the causa (D the causa) in th	a Causa (For condition in death) ally list condition that United in the condition of the c	disease, or of failure List of	complice only on a b c d Hos	Arte	Due to Due to patient 2	clerco (or as a co	HUBBA1 4107 Not enter the research on sequence of the undarlying the undarlying settlent 3 III	RD FU WILKE mode of dy Card of): of): DOA Other	NS AVEI	NUE - cul	23b. Did 24a. Was perfo	tobecco u Yes 2 san autopsormed? Yes 2 Cona)	uae cont □ No Sy □Othac	tribute to 3 Prob 24b. Wa eva con of d	Approximate Interval Batwean Onset end Daath Onset end Daath the cause of death the cause of death the cause of death the cause of death?
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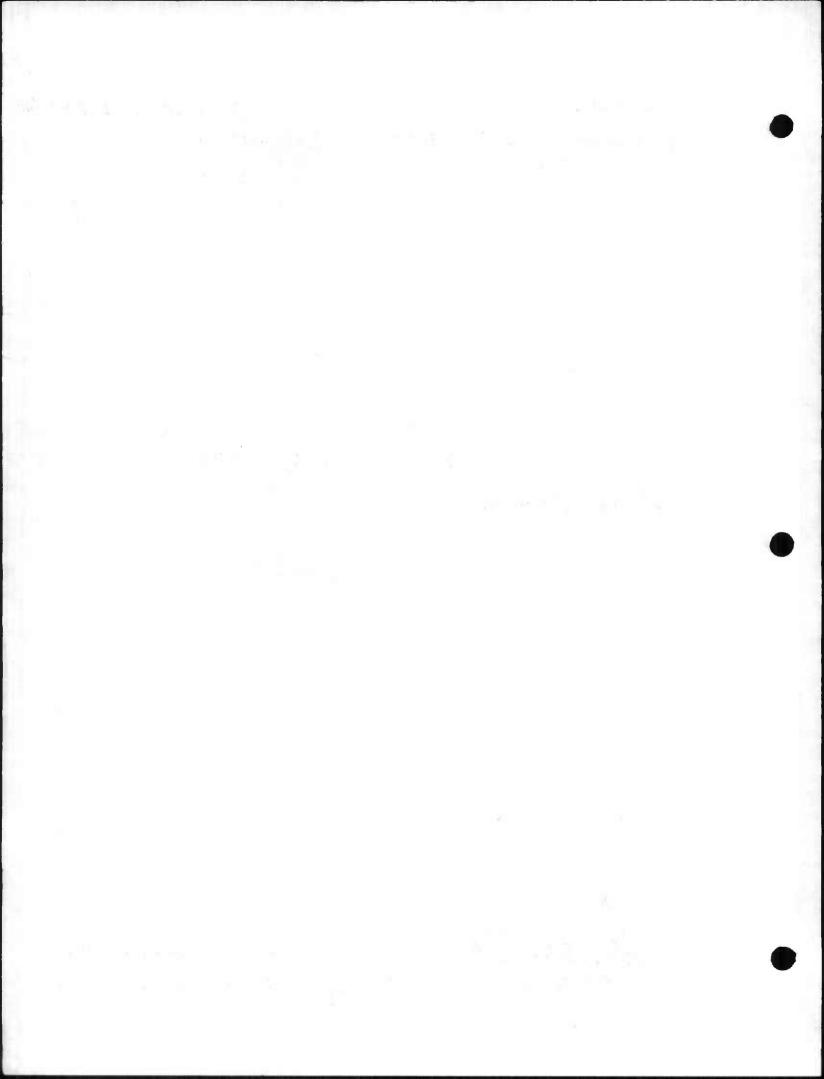
Registrar

JUL 23 1996

Julie Sandson-Randall

	- 2 2 -	State of Maryland / Departme	ent of Health and Ment ate of Death	tal Hygiene G	16 21767
Physician /Medica		"W. Young		ata of Death fonth Day	3. Time of Death 496 8:49 AM
Funeral Director	4a. Facility Nama (If not institution, giva Maryland Ge 5. Social Sacurity Numbar 6. Sa	eneral Hospita	4b. City, Town, or Location Ball Model Jar 1 Yaar If Undar 24 Hrs. 8. Days Hours Min. (A	ata of Birth Aonth, Day, Year)	
Maryland 21215-0020 d 2 should be filed within 72 hours efter death with the Markand the and Mental Hygiene. The marked other than "natural", or ferms 28 to 28a1 show traumatic event, the Medical Examples must be notified to To Be Compiled by Eurapeal Disperse.	10a. Stata 10b. County 10a. Stata 10b. County 10c. Streat and Number 3888 1000 11. Marital Status 1 Navar Married 2 Married 3 Widowed 4 Divorced (Specify only highast grad Elamantary/Secondary (0-12) (Th. Grade 17. Father's Narha (First, Middla, Last)	12. Was Dacedant Evar In U.S. Armed Forcas? 1	A STATE OF THE STA	(as or No- late.) 14. Racia Blac Specify 16b. Kind of Bu	s-American Indian, k, Whita, atc. Black sinass/Industry of Balto
Baltimore, Maryland permit. Peges 1 end 2 should be filed Department of Health end Mental Hyg Important: if frem 27 is marked othe any injury or other traumatic event, once.	19a. Informant's Name/Relationship (T) Betty Dirtyn— 20a. Method of Disposition 1 Deurial 2 Cramation 3 F 4 Donation 5 Other (Specify) 21. Signature of Funeral Service License	Prope, Print) Grand daughter 38/8 Common Stata 20b. Place of Disposition (No permatery, cramatory of Lang Mem 22. Nama Lang Mem 22. Nama Lang Mem	Ses (Streat and Number or Rural Round of Pothak place) And Addrass of Facility And Addrass of Facility And Addrass of Wash	and Balts ta 200 Docation- 496 Kunda	city or Town, Stata allstown, md
Box 68760, eth certificete be executed with a physician and for use as the buniet-transit standard edical Examiner	Immediata Causa (Final disaasa or condition rasulting in death) Sequantially list conditions, if any, leading to immediata causa. Entar Inderlying	b. Septic Shoc Due to (or as a consequence of Dua to (or as a	ok mia	nacoy arest,	Approximata Interval Batween Onsat and Death
ecords, P.O. aw requires that the de as been signed by the e 2 should be deteched Detect by Physic	TICKLE HOIME	ntributing to death but not resulting in the underlying L Failure Infarction			atribute to the cause of death? 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to completion of cause of death? 1 Yas 2 No
	25. Was casa rafarred to medical axaminar? 1 Yas 2 No	28a. Place of Injury - At homa, farm, streat, factor building, atc. (Specify) ER/Outpatlant 3 0 0 0 0 0 0 0 0 0	28c. Injury at Work? 1 Yas 2 No	ock only ona) 5 Rasidance 6 Othe Describe how injury occurre cocation (Street and Number ity or Town, State)	ed
To the Hospital or within 24 hours effer To the Funeral Dir completely filled in Medical Cert	29a. Cartiflar (Check only and 22) Madical Examination (Check only and 22) Madical Examination (Check only and 22) Madical Examination (Check only and 22)	ompleted causa of daath (Item 23a) (Type, Print)	d at the time, date and place, and do on, in my opinion, death occurred at the 9c. License number 89244 Mary Jana Gr	tha tima, data and place, s	Inner as stated. Indidua to the cause(s) I (Month, Day, Year) I 8, 1996
State Registrar	31. Date filed (Month, Day, Year)	32. Ragistrar's Signature	1100-710-100 (10	y ichae y	

DHMH 16 Rev 6/95



TO BE COMPLETED BY FUNERAL DIRECTOR

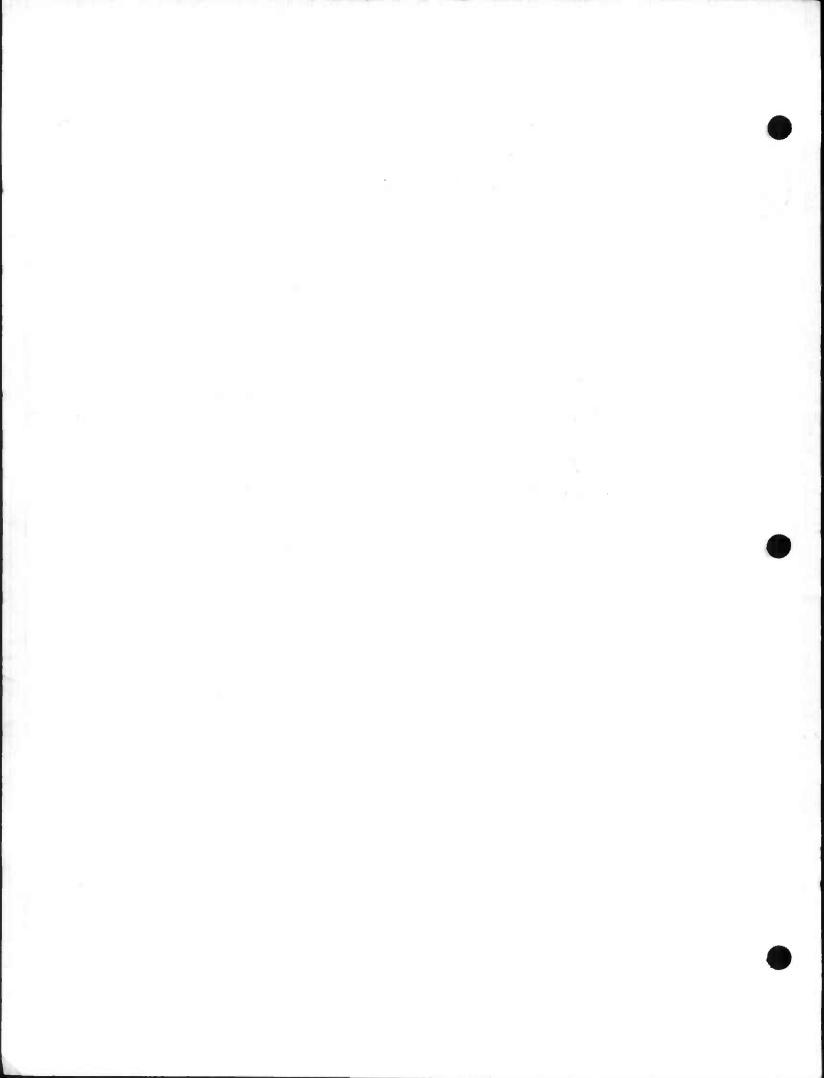
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

1 - STATE REGISTRAR		SIAIL OI II	CI	ERTIF		OF DEATH	MICITI	REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)							TE OF DEATH			3. TIME OF DEATH
Pearl Este	11e %a	na					.Tii	ly 22,		YEAR	10:17am w
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YE	AR _ IF UNDER 24 HRS	7 DAT	E OF BIRTH		A B/RTH	PLACE (State or Foreign
219-30-621	8	1 🗆 M 2 💢 F	88	YRS.	MONTHS DA	YS HOURS MIN	Ma:	r. 4, 19	08	Mar	yland
9a. FACILITY NAME (If not in	nstitution, give stree	et and number)			9h CITY TO	WN OR LOCATION OF				INTY OF DE	
Annapolis	Nursin		hab.Ct	r.	Annar		DEATH				rundel
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY
MD	Anne	Arunde	1	Ar	napo	lis					LIMITS?
10e. STREET AND NUMBER						101. ZIP CODE			10a, CIT	TIZEN OF W	HAT COUNTRY?
4 Walling						21403				USA	
11. MARITAL STATUS 1 Never Merried 2 ST Widowed 4 Divi	Married		T EVER IN U.S. AR YES 2 X		If you	DECENDENT OF HIS s, specify Cuban, Mer YES 2 NO Specific	dcan, Puart		or No-	14. RACE Black Specif	- American Indian, White, etc.
	CEDENT'S EDUCAT				USUAL OCCUI	PATION g most of working	1	6b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (College (1-4 or 5 +	·) IHe.	. Do NOT us	se retired.)						
8th				Sale	s Cle	erk		R	eta.	il	
17. FATHER'S NAME (First, A	fiddle, Last)					16. MOTHER'S	NAME (Firs	t, Middle, Maiden	Sumeme)		
William 198, INFORMANT'S NAME (L.	Nor	wood				Etta		ook		
Margaret	,,,					Road, P					21403 is,MD
20a. METHOD OF DISPOSIT			20b. PLACE	AND DATE	OF DISPOSITIO	N (Name of	D/	ATE 20c. LOC	CATION -	City or Ton	wn, Stata
1 Burial 2 Cremell 4 Donetion 5 Other		al Irom Stata	Qua	ker o	Cemet	ry	7,	/24 Ga	les	vill	e, MD
21. SIGNATURE OF PUNERU	L SERVICE LICES	den /	0 1		22. NAN Hai	desty F	FACILITY	ral Ho	me.	P.A	
Men	edil	tond	usta 1	7		Ridgely					
23. PART i. Enter the d	lisesses, or con	mplications the	t caused the de	eth. Do n	ot enter the	mode of dying, s	uch ss ce	erdiec or respl	ratory si	rrest,	Approximate
IMMEDIATE CAUSE (FI		at only one ceu	a i		/		1				Interval Between Onset and Death
disease or condition_	→	mil	Isli-	(,,,	Jon	Face	1114	0			3 m - 1/2
resulting in death)	a. ,	DUE TO	(OR AS A CONSE	DETENCE OF	5	- lan	NUC				1164115
			(/							
Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CONSE	QUENCE OF	F):						
cause. Enter UNDERLY	ING										
CAUSE (Disease or Injute that initiated eventa		DUE TO	(OR AS A CONSE	DUENCE OF	F):						
resulting in death) LAS	ST d.										
DART II Onto a classifica											
PART il. Other aignifica	int conditions	contributing to	death but not i	resulting i	in the under	lying couse given	in Pert I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1 [] YES 2	X NO		COMPLETION OF CAUSE DF DEATH?
											1 YES 2 NO
DID TOBACCO U	JSE CONTRI	BUTE TO CA	USE OF DEA	TH YE	S NC	UNCERT.	AIN 🔀				
25. WAS CASE REFERRED T EXAMINER?			26. PLAC	E OF DEAT	TH (Check only	one)					
1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home 5 - Reelden	ca 6 🗆 Ot	ther (Specify)			
27. MANNER OF DEATH		28a. DATE OF		28b. TIM	E OF 280	. INJURY AT		ESCRIBE HOW IF	NJURY O	CURED	
	Pending Investigation	(Month, D	ву, тошг)	INJ	M 1	WORK?					
2 Accident 3 Suicide		26s. PLACE O	F INJURY At he	me, Jerm, s	streat, factory,	office	281. LC	DCATION (Street a	nd Numbe	or Aural R	loute Number,
4 Homicide	Could not be determined	building,	etc. (Specify)				C	ity or Town, State)			
29e. CERTIFIER (Check only	TIFYING PHYSICI	AN: To the beat of	my knowledge, de	eth occurr	ed at the time.	data and place, and	due to the	cause(a) and man	ner aa at	nted.	
cool city		_) and manner ee ateted.
290 BIGNATURE AND TITLE	1	1	-5			29c. LICENSE					(Month, Degl. Year)
Ch/1/1	land	11100	. 1/11	1	>	TOUR CHOCKSE	10-	,		7/-	- OY
30. NAME AND ADDRESS O	F PERSON/WHO	COMPLETED CAUS	OF DEATH WE	M 27) /5ma	Print	105	172			110	0176
RTI		21 715	10	3-7 (1ype	AI	1	· ·	1		/	7.02
31. DATE FILED (Month, Day,	Mari	1/ PECISTA	R'S SIGNATURE	19,	H 10	re5/ 1	1-1	re, HI	nnaga	015,	MR 21401
JUL 23 19		VI. REGISTRA	n-Handel					/	0	/	
[[] 1/ N N IU				Protte							

DHMH-16 Rev 1/89

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



Items7,17,18 7-23-96 FilmG737 W.H.Per F'/H

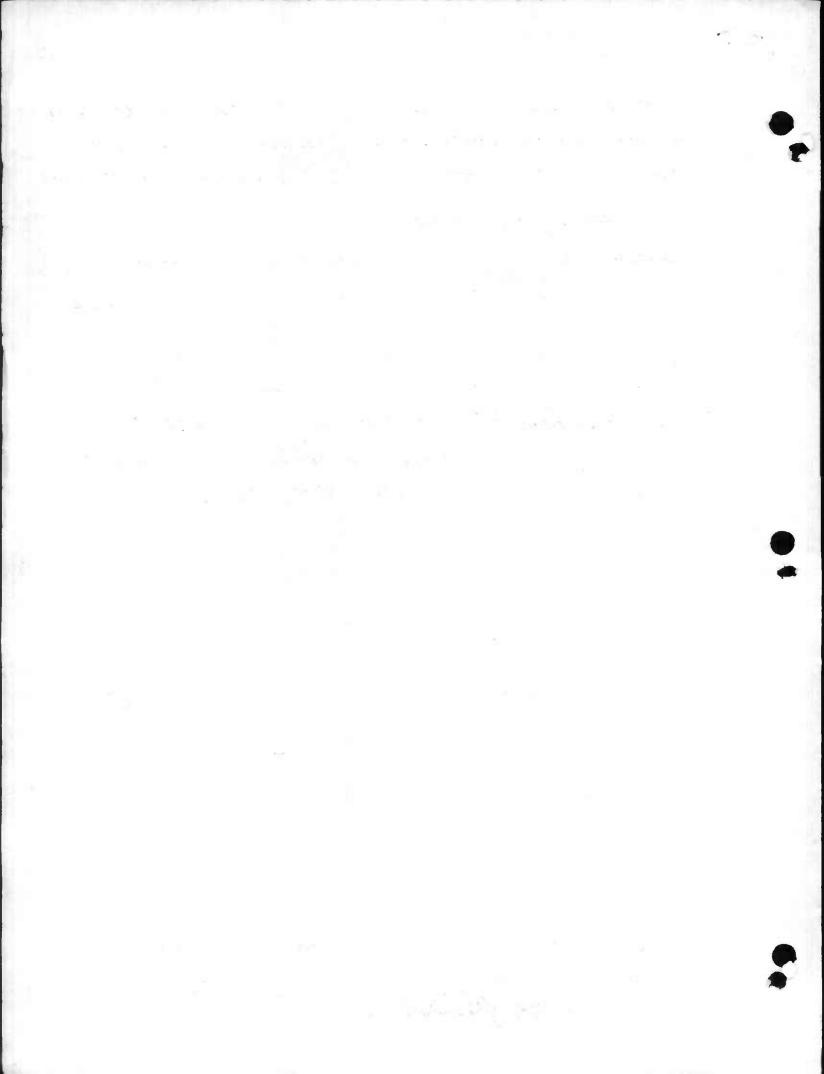
7,18 7-23-96 FilmG737 W.H.Per F/H Items24a,25 Per Doctor

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 2 1 7 6 9

							ertificate of	Dealii		Reg. No.		
	Physici	an	Decedeni's Name (First, Mic						2. Dete of De Month	ath Dey	Year	3. Time of Death
	/Medi	cal	EDWARD	ANTHON		ARNOLD			JULY		996	8:47 PM
	Examir	ner	4a. Fecility Name (If not institut			ar crus		4b. City, Town, or I	Location of Deet	4c. Count	y of Death	
			GREATER BALT 5. Social Security Number	6. Sex		In yrs. last birthde		TOWSON if Under 24 Hrs.	8. Date of Bin		IMOR	
	Funeral Director		N/A Usual Residence of Dacedent	112 M 2□ F		0 yrs.	Months Deys		(Month, Da	y, Year) 13,1996	9. Birtho Coun	lace (Stete or Foreign try) RYCAKU)
	tand tand		10a, Siele 10b. Coun	ty	1	Oc. City, Town or	Location	<u>-</u>			1	Od. Inside City Limits
	Many Figh	to	MD Harfo	rd County	J	Edgewood						1 ☐ Yes 2 No
	r 28a	Director	10e. Streel end Number				10f. Zip Code			10g. Citizen of	What Cour	itry?
	th wit		818 Olive Cour	t			21041			U.S.A		
	dea dea	Funeral	11. Maritel Stetus	12. Was De	ecedent Eve Forces?	er in U,S.	3. Was Decedent of	Hispanic Origin? (Span, Mexican, Puerto	pecify Yes or No	- 14. Ra	ce - Americ	
070	a within 72 hours effer death with the Maryland jiene. Than "natural", or itema 23a or 28a-f ahow if the Medical Examiner must be notified at	by	1 ☑ Never Married 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce	arried 1 Yes	s 2 No Give		1 ☐ Yes 2K No		o r noari, etc.)	Specif		ite
0-0	2 ho	te d	15. Deced	ent's Education	-43	16a. De	cedent's Usuel Occu	pation	4.5.	16b. Kind of B	usiness/inc	dustry
21215-0020	within 72 ane. than "nat	Completed	Elementary/Secondary (0-12	est grade complete	(1-4or 5+)			during most of worked)	King			
	filed with Hygiene. Ither than	Con	N/A	N/A		N/	A			N/A		
Maryland	S la b	To Be	17. Father's Name (First, Middle CDWARD	e, Last) Edward -		d Arnold	Jr.	18. Mother's Nam	ne (First Middle	Meiden Sumer	Ponfri	0
an	d 2 should th end Men 7 is marks traumatic		19e. informant's Name/Relation	nship (Type, Print)	Fathe:	r 19b. Ma	Illing Address (Stree	t and Number or Ru	ral Route Number	er, City or Town	, State, Zip	Code)
	5 m 01 F		Edward Edmund	Arnold, J				rt, Edgew	-	ryland	21041	
Baitimore,	permit. Peges 1 en Department of Heai Important: If Item 2 any injury or other once.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation	2 Pamoual from	m State	20b. Place of Dis	position (Name of rematory or other pl	ace) 7/19/96	Dete	20c. Location	- City or To	wn, Siele
Ē	9 5 5 5 A		4 Donation 5 Other		State	Gardens	of Faith	Cemetery		Baltimo	re, M	aryland
a	Departm Departm Importar any inju		21. Signeture of Funeral Service	e Licensee			22. Name end Addr					
П	205 20		Bather	m.h	lung	shy/6	onn C. Mi 415 Belai	ller, Inc r Road, B	altimore	e. Marv	land	21206
	Physician /Medical Examiner	her	immediate Cause (Finel disease or condition resulting in death)	a		e to (or as a cons	PRF/ requence of):	UATURY ABOR	,	4		Onset end Death
	d ansit	Examiner	Sequentially list conditions	b. —	Du	e lo (or es e cons	1	MIJON				
o o	an an		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	J		0 10 (01 00 0 001.0	5400.100 517.					
08/00	fliceta be executed physician and st the burial-transit	edical	Cause (Diseese or injury that initiated events resulting in death) Last	C	Due	to (or es e cons	equence of):				-	
	= 000		resoning in county East	L.								
DOX	th cert tendin or use	an		d							1	
	e death the atten hed for u	Physician/M	Part II. Other eignificant condit	lone contributing to	death but n	ot rasulting In the	underlying cause g	Ivan in Part I.	23b. Did 1	lobacco uee co	ntribute to	the cause of death?
	thet the death cert ed by the attending detached for use								10	Yee 2 No	3 Prot	pably 4 Unknow
Records,	S 60	d by							24a Was	an autopsy	24b. We	ere autopsy findings
Ö	v requir been s should	ete								med?	COL	ailable prior to mpletion of cause
D C	The lay ate hes page 2	Completed							.5.	v.		deeth?
			25. Was case referred to medic	al.					101	/\	11	Yes 2 No
		o Be	examiner?	Hospital:	- Innationt	2 ER/Oulpel	ant 20 004 0	26. Place of Dee			/Canali	a
5	r this eral d	. To	27. Marner of Death	28a. Det	e of Injury	28b. Time			ome 5 Residence 128d. Describe 1			0
5	th. : After e fune	흥	1 Naturel 5 ☐ Pend 2 ☐ Accident inves	ing (Mo tigation	onth, Day Yo	9ar) Injun		ork? ∐Yes 2∐No				
DIVISION OF	after deeth. Director: After	ertification:	3 ☐ Suicide 6 ☐ Could	mined 286. Pla	ce of Injury Iding, atc. (S		street, factory, office		28f. Location (S City or Tox	Street and Numi vn, State)	ber or Rura	l Route Number,
	spital hours ineral y filled	edicai Ce	29a. Cartifier 1 Certify (Check only 2 Medics	ing Phyelcian: To the Examiner: On the	na best of m	ny knowledge, de	ath occurred at the t	ime, data and place,	, and dua to tha	causa(s) and m	anner as st	ated.
	To the Ho within 24 To the Fu completel	Med	one)	and ma	inner sleted							
	O N N	-	29b. Signature and litle of cartif	15	4			se number 0269		29d. Dete signe		1000
	,		Uprma	V . O	Bres	-, no	4			July	14,	1776
	1		30. Name and address of perso	who complated ca	usa of deati	(Itam 23a) (Typ	e, Print)	(Bue			
	, ,											

Registrar



Items7,17,18,24a,25 7-23-96 FilmG737 W.H.Per F/H & Doctor Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

71

							C	ertificate	e of	Death	7		Reg. No.) ()	21110			
			1. Decedant's Name (First,	Middle, L	ast)							2. Data of D				3. Time of Death			
	Physici Medi/		AMANDA	GR	ACE	Al	RNOLD					Month JULY	Dey 7 3	199	ear 0.6	7:30 PM			
	Examir		4a. Facility Name (If not ins	titution, gi	va street end nui	nber)			4	b. City, T	own, or L	ocation of Dea	th 4c. (County of					
L			GREATER BZ					76.7			SON			LTI	MOR	E			
L	Funeral Director		5. Social Security Number N/A Usual Rasidance of Deced		Sax 1□M 2KDF	7. Age (In yrs	0 Yrs.	Months	Deys	Hours	24 Hrs. Min. 25	8. Data of B (Month, D	ay, Year)	996	Birthp Coun	leca (State or Foreign try) ARXLANU			
	land w		10a. State 10b. C		-	10c. C	ity, Town or	Location							1	Od. Insida City Limits			
	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental hygiena. Itam 27 is marked other then "natural", or items 23s or 28s-f show other traumetic event, the Medical Examinet must be notified at	Director	MD Hai	ford	County	Ec	dgewoo	d 10f, Zip	Coda				10g. Citiz	an of Wha	at Coun	1 Yes 2 No			
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State of Maryland / Department of Health and Mental Hygiene

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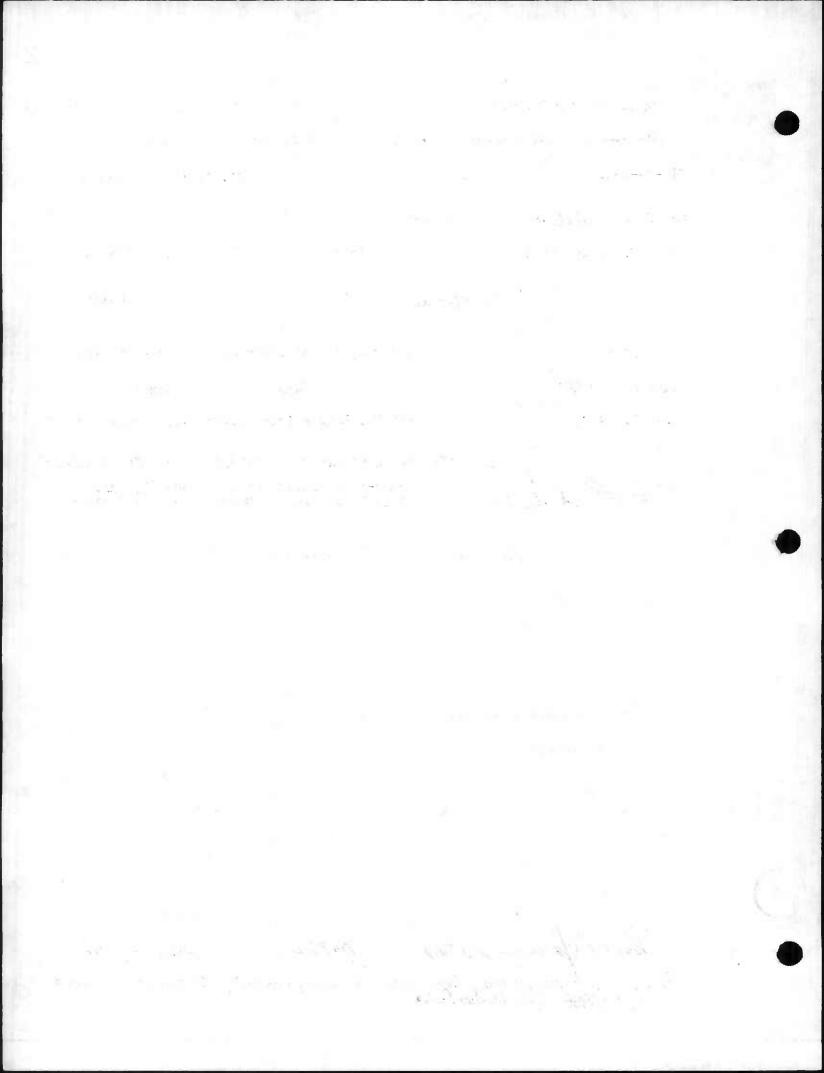
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

	MISSIPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 15 hours after death. Page 6 may be retained by the hospital or attending physician.	Land DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Places 1, 2, 3 should	nithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-yoval.	ANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medi ai examiner must be notified at once.
The state of the s	THE HOSPITAL OF	THE FUNSRAL DIF	be filed within 72 hou	MPORTANT: If Itel

#1. BATE FILED /Morrin, Day, May/ . UL 2 4 1996

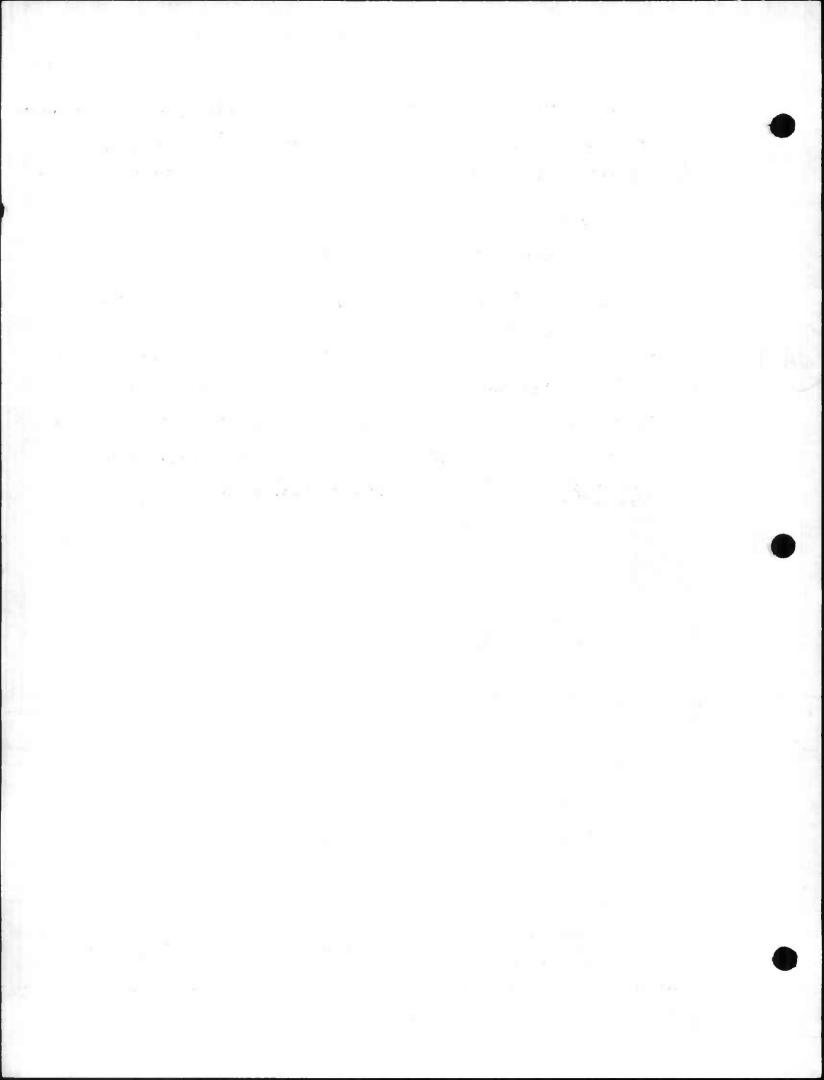
						96	21773
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	BGKC 5. SEX 1 D M 2 DF 8. AGE (In yrs. In	r	IR 1 YEAR	2. DATE OF DEATH	26 19	3. TIME OF DEATH 96 / 25 D M BIRTHPLACE (State or Foleign
Œ	99. FACILITY NAME (If not institution, give s			Y, TOWN OR LOCATION OF D	Ouly 2)	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	WURSIN TREPSH	19c-OFFY, TOWN	O G T T T	11000	INH	
	100. STREET AND NUMBER	7	BA	TIMORE	=		104. INSIDE CITY , LIMITS? 1 YES 2 NO
FUNERAL	2525W. 1	Belucture	ave	2 /2 /	5	10g. CITIZEN	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 X SES 2 1 IF YES, GIVE WAR OR DATES	RMED 13	. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES NO Speci	en, Puerto Rican, etc.)	68 or No — 14.	RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	ECEDENT'S USUAL (Sive kind of work done). Do NOT use retired.	during most of working	16b. KIND OF B	USINESS/INDUS	TRY
OMP	17. FATHER'S NAME (First, Middle, Last)		UCK DY	18 MOTHER'S N.	AME (First, Middle, Melde	Now	INO
BE C	JOHN HENry	BAKER, Sr		Teres	a BAK	er	
10	190. INFORMANT'S NAME (Type/Print)	19	133 Or	SS (Street and Number of Rural	Rou <u>te Number, City or To</u>	TO . N	n). 21731
	204 METHOD OF DISPOSITION 178 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State Cametery, cre	AND DATE OF DISPO		5 176 DU	COCATION - City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIE	PHILLIP -	22	NAME AND ADDRESS OF F	Val Hon	je NUE	BALTO, HIS
		complications that caused the de List only one cause on each line	eath. Do not ente	r the mode of dying, au	ch as cardiac or res	piratory arreat	intarvai Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardia	ic ai	unt			Onset and Death
2	-	DUE TO (OR AS A CONSE	Li A	mellane .			
ATIOI	Sequantially list conditions, If sny, lasding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	QUENCE OF):	The FT			
RTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):	acción			
뜅	PART ii. Other significant condition	s contributing to death but not	resulting in the u	nderiving cause given in	Port i 240 MBC A	N AUTOPSY	24b. WERE AUTOPSY FINOINGS
MEDICAL					PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF DEA	TH YES 🗆	NO UNCERTAL	NO		1 TES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		CE OF DEATH (Check	conty one)			
PHYSICIAN:	1 PES 2 NO 27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outpetient 3 26e. DATE OF INJURY	26b. TIME OF	raing Home 5 - Residence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO			
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	one, term, street, fac	логу, оптсв	281. LOCATION (Street City or Town, Steh	and Number or F	Bural Route Number,
COMPLE		CIAN: To the best of my knowledge, de R: On the baels of examination end/or					
w	296. SIGNATURE AND TITLE OF CERTIFIES		vengentri, in my	29c. VICENSE NU			GNED (Month, Day, War)
TO B	30. NAME AND ADDRESS OF PERSON WHI	O COMPLETED MANUE OF DEATH ATE	M 2D /Sine Driet	0024	21	<i>▶ 7-</i>	2-96

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State of Maryland / Department of Health and Mental Hygiene 96

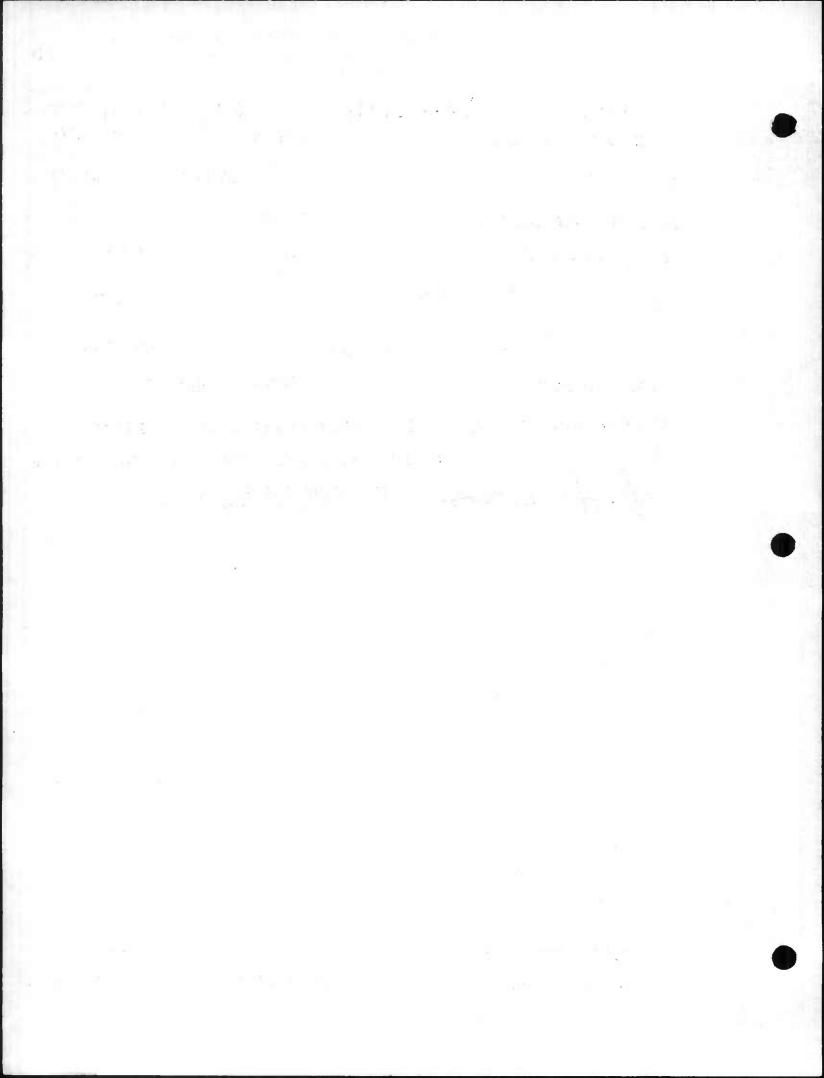
					Columb	ale or	Death		Reg. No.		
		1. Decedent's Name (First, Middle,	Last)					2. Date of Dec	ath	Veer	3. Time of Death
Physicia /Medica		Franklin Ba	scom					July20	Day 1996	Yaar 6	10:00AH
Examine		4a. Fscility Nama (If not institution,	give street and numb	ber)			4b. City, Town, or	Location of Death			
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Funeral Director		171-05-6269	Sax 7	Aga (In yrs. last i	birthday) If Ur Yrs. Mont	hs Days	If Undar 24 Hrs Hours Min	8. Date of Birt (Month, Da Jan . 2	8,1912	9. Birthp Cour Per	olaca (State or Foreign ntry) nnsylvani
*		Usual Residence of Decedant 10a. State 10b. County		10c City To	own or Location						IOd Incide City Limite
show ad at	5	Md. Balti	more		dalk					1	10d. Inside City Limits 1 ☐ Yes 2 💢 No
23s or 28s-f show ust be notified at	Funeral Director	10e. Street and Number 6515 Eastbo			-	Zip Code 21	222		10g. Citizen of V	What Cour	
al', o		11. Marital Status 1 ☐ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☑ Divorced	Armed Force	No No	If Yes,	ecedent of specify Cut	Hispanic Origin? (: pan, Mexican, Puel Specify:	Specify Yes or No- to Rican, etc.)	Blac	e Amaric ck, White, White	
an "natur Medical	Completed	15. Decedent's (Specify only highest statementary/Secondary (0-12)	grada completed) College (1-4	for 5+)	sa. Decedent's U (Give kind of life. DO NO	work done	during most of we	orking	16b. Kind of Bu		
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工智量	To Be	17. Father's Name (First, Middle, La Henry Franf		com				me (First, Middle, Ella Bi			
nd 2 should builth and Menta 27 is marked r traumatic er		19a. Informant's Name/Relationship William Basco	(Type, Print)				and Number or Fi	ural Route Numbe	er, City or Town,	Stata, Zip	
net of Hear int: If Hear? iry or other		20a. Method of Disposition 1 Burial 2 Cremation 3 4 Donation 5 Other (Spe	☐Removal from St	0.000.0	of Disposition (tery, crematory O Crem	Name of or other pla nator	ace)	Date 7 – 2 4	20c. Location - Baltin		22.0
Departme Important any injury pnce		21 Signature of Formal Service Lic	eansee		Conn	elly	ess of Facility Funera				k
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ysician Medical xaminer		fmmediate Cause (Final disaase or condition	Meta	15+4+10			-C 11.1/			1	,
		resulting in death)	8. 11-11	Due to (or as	s consequence	cer	OP UNK	nown Eti	61094	1	6 mas.
isi.	uluer	resulting in death)	b. Norn	Due to (or as	s consequence	cer on: H	ydrocep	helys	6 logy		2 years
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State Registrar



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				Cer	tificate of	Death		Reg. No.	
Physici	an	1. Decedent's Neme (First, Middle, La			11		2. Dete of D	Deeth	3. Time of Deeth
/Medic		whn	Dec	(M)	<u>rh</u>		July	191	1996 8:30 a.L.
Examin	er	4e. Facility Neme (If not institution, git JOSEPH RITCHIE	HOSPICE			BALTIMO		BAL	TIMORE, CITY
Funeral Director			5ex 7. Age (In yrs. Ia 11 M 2□ F 63	Yrs.	Months Dey		lin. (Month, L	Sinth (Day, Year) (3/1933	9. Birthplace (State or Foreign Country) MARYLAND
after death with the Maryland after death with the Maryland or Herne 23e or 28e-f show mark the notified at	ector		MORE, CITY	Town or Loc	В	ALTIMORE			10d. Inside City Limits 1 □XYes 2 □ No
death with the same 23a or 2	rai Dir	2713 SPELLMAN R	DAC		10f. Zlp Code	21225		10g. Citizen of	What Country? .S.A.
5-0020 72 hours after des	by Funeral Director	11. Meritel Stetus 1 Never Married 2 Merried 3 XWidowed 4 Divorced	12. Wes Decedent Ever in U,S Amped Forces? 1. Zyves 2 NoREA If Yes, Give Yeer or Detes: WAR	M	Vas Decedent of Yes, specify Cu ☐ Yes 2☐(No		(Specify Yes or Nerto Rican, etc.)		ica - American Indian, eck, White, etc. Hy: BLACK
15-002 72 hours "natural",	etec	15. Decedent's E (Specify only highest gr	ducation	16a. Deced (Give i	ent's Usuel Occi	upation e during most of ed)	working	16b. Kind of B	Business/Industry
	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)		SE TRAIN			RAC	E TRACK
Maryland 2 d 2 should be filed th and Mental Hygin 7 is merked other traumatic event, it	To Be C	17. Fether's Name (First, Middle, Last ALBERT BECKWIT				18. Mother's I	Neme (First, Midd GELINE F(le, Maiden Surnei DSTER	me)
Baltimore, Maryland 212 permit. Pages 1 and 2 should be filed within Department of Health and Mental Hydiena. Important: If New 27 is marked other than any injury or other traumatic event, the Modes.		19e. Informent's Neme/Reletionship (EVANGELINE FOSTE) 20e. Method of Disposition 1 Burial 2 Cremetion 3 Country (Special Services Country) 21. Signature of Funeral Services Country (Special Services Country)	R (MOTHER) Removel from State CRO	2617 ace of Dispos metery, crem WNSVIL	ROUND sition (Name of netory or other pr LE VETE Name and Add	ROAD BAL PAN CEM PROPERSION OF THE POST	TIMORE N	ARYLAND 20c. Location CROWNS	- City or Town, State VILLE, MARYLAND
	-	23a. Pert1. Enter the discusse, or comshock, or heert failure. List only	plications that caused the least	Do not ente	OO EUTA or the mode of dy	W PLACE ring, such es card	BALTIMOR diac or respiretory	RE MARYLA	AND 21217 Approximete Intervel Between
The law requires that the death cartificate be executed the law requires that the death cartificate be executed at the bas been signed by the attending physician and page 2 should be detached for use as the burial-transit	n/Medical Examiner	Immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that intieted events resulting in deeth) Lest	c. Squanags	as a consequence as a c	uence on:	na of	Zung		Onset and Death minutes 10 days
a death the atte	Physician/	Pert II. Other significant conditions of	ontributing to death but not result	ting in the un	derlying cause g	iven in Pert I.	23b. DI	d tobacco use co	ontributa to the cause of death?
s that the ned by the detache	by Ph	Chroni	c alcoholism	_	10+70	-)	1[Yes 2□ No	3 Frobably 4 ☐ Unknown
Records, P.O. Box he law requires that the death car e has been signed by the attendin age 2 should be datached for usa	Completed t							es en eutopsy rformed?	24b. Were eutopsy findings available prior to completion of cause of deeth?
The lay	Com						1	Yes 🕮 No	1 ☐ Yes 🌉 No
of Vital I	Be	25. Wes case referred to medical examiner?	11				Deeth (Check only	one)	
of Vital Physician: T Ins cartificat ral director, pr	2	1 ☐ Yes 2 ☐ No 27. Menner of Deeth		R/Outpetlent	3L DOA		g Home 5 □ Re		
Vision Attending I or death. ector: Alter by the fune	Certification:	1 Investigation 2 Accident Suicide 6 Could not be	(Month, Dey Year)	Injury		Yes 2 □ No		e how injury occu	
	Certif	4 ☐ Homicide determined	28e. Plece of Injury - At hon building, etc. (Specify)	ne, ferm, stre	et, fectory, office			(Street and Num own, Stete)	ber or Rural Route Number,
24 house	edicai	29e. Certifier 1 Certifying Ph (Check only one) 2 Medical Example	ysician: To the best of my know niner: On the besis of examinetic end manner steted.	edge, death on end/or inv	occurred at the estigetion, in my	time, dete end ple opinion, death o	eca, end due to the courred et the time	e cause(s) end m e, date end place,	enner es steted. , and due to the cause(s)
To To the state of	N	29b. Signeture end title of certifier Offe B. 3	≈ , m·D.			nse number			ed (Month, Dey, Year)
		30. Name and address of person who Rolf. B. F.		23e) (Type, F	Print)	ds Roa-	1, R J.	no form	רצוול על
Stat Registra			32 Registrar's Signatu	III.					11 11 11



DHMH-16 Rav 1/89

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 6876

- 1	CATHERI	NE M.	BENSON							MONT	OF DEATH	Υ	YEAR	3. TIME OF DEATH
14										-	y 17,1	.996		4;40 A.
	4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs. las		MONTHS I	DAYS	HOURS	MIN.	(Mont	OF BIRTH h, Day, Year)		Country	
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_11	Se. FACILITY NAME (If no					9b. CITY, T	OWN C	OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF DE	EATH
DIRECTOR	Westminste		ing & Con	valescer	nt Cen	n.	Wes	tmir	ster	<u>. </u>			Carro	011
2	RESIDENCE OF D	10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY				10d. INSIDE CITY
E	Md.		CityBal	timore	Baltimore									1 YES 2 NO
- 10												10g. CIT	IZEN OF W	HAT COUNTRY?
È	5219 Flor	ence Av	re.						2	21215	5			USA
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	1 Never Merried 2	_	FORCES?	MAR OR DATES	NO			ecify Cube	m, Mexica Specif		Rican, etc.)			, White, etc.
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F	9th grad	e		Hous	sewif	e				Ow	n Ho	me		
COMPL	17, FATHER'S NAME (First							l .			Middle, Maiden	,		
BE		1 Murph	19					1			Willet			
2	19a. INFORMANT'S NAME										ber, City or Town			
- 1	Mrs. Mary		Weller (Daughter	:) 3(006 0	akf	ord	Ave.	Bal	timore	, Md	. 212	215
	20e. METHOD OF DISPOS 1 XBurlel 2 Crems		noval from Stata	20b. PLACE cerpatery, cre						DAT			City or Ton	
	4 Donetion 5 Ot			cerpatery, cre WOOD	Hawn	V				7/20	1/9/6	Balt	imore	e, Md.
	21. SIGNATURE OF FUNE	RAL SERVICE L	CENSED	1				ND ADDRE			1182	4 Re	iste	rstown Roa
	ELINE FUNERAL HOME Reisterstown, Md. 21													Md. 2113
	23. PART I. Enter the	diseases, or	complications the	al caused the de	eath. Do n									Approximate
V	1 /	ehock, or heert feliure. List only one cause on each line.												
100	UNAMEDIATE CALISE (Final													
- 1	resulting in death) • PNEUNONIA.													
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2	disease or condition resulting in death)	→	. PN DUE TO LER	FUNC OOR AS A CONSE EBRE	OVENCE OF	A.	CV	LAG	R-	M	VLT	1 ()	VPA	Onset and De
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Item1 7-24-96 FilmG737 W.H.Per F/H

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Joan - Cook Joan Estelle Cook July 1996 7:50 a.m. /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner 937 Oakleigh Beach Road Dundalk Baltimore If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 9. Birthplace (State or Foreign Country) Maryland **Funeral** 10 M XDF Yrs. Director 218-32-2823 60 18, 1936 Usual Residence of Decedent with the Maryland 10e. State 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Example must be notified at 10d. Inside City Limits Director 1 Yes 2 No Maryland Baltimore Dundalk 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 937 Oakleigh Beach Road 21222 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ (M) No If Yes, Give Year or Detes: Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: q Specify: 3 Widowed 4 Divorcad White Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pagas 1 and 2 should be filed withir Departmant of Haalth and Mantal Hygiena. Important: If Item 27 Is marked other than any Injury or other traumatic event. Elementary/Secondary (0-12) College (1-4or 5+) 11 years Secretary Steel 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Freidof O. Fondila Frances Novak 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Walter Cook (Husband) 937 Oakleigh Beach Road Dundalk, Maryland 21222 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Sacred Heart of Jesus Cem. 7/22/96 Baltimore, Maryland 21. Signature of Funera 22 Name and Address of Facility al Home of Dundalk, Inc. 7922 Wise Avenue Dundalk, Maryland 21222 and . Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervat Between Onset end Death Physician /Medical Mon-small cell carcinoma of the lung but to (or es e consequence of):

WITH brain metastasis tmmedlate Ceuse (Finei diseese or condition resulting in death) **Examiner** buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest ettending physician for use as tha buriel Physician/Medical Due to (or es e consequence of): use as tha Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? TYLYes 2 No 3 Probably 4 Unknown signed b p Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes an eutopsy performed? 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Tes 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deet 28c. Injury et Work? 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred Certification: 28b. Time of 5 Pending Investigation sitar death. 1 ☐ Yes 2 ☐ No Director: A 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide Cartifying Physician: To the best of my knowledge, death occurred et the time, date end placa, end due to the cause(s) end manner as stated.

2 Medical Exeminer: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) end menner steted. 29a. Certifier Medical 29c. License number D 336 2 7 29b. Signature and little of bertifier 29d. Date signed (Month, Dev. Year)

Q

31. Dete filed (Month, Dey, Year) Registrar

32. Registrer's Signature elia Davideor Ras

30 Neme and address of person who completed cause of peath (Item 23e) (Type, Print)

Baltimore, Maryland 21215-0020

certificeta be exec

Box 68760.

P.O.

Records,

Division of Vital or Attending Physician:

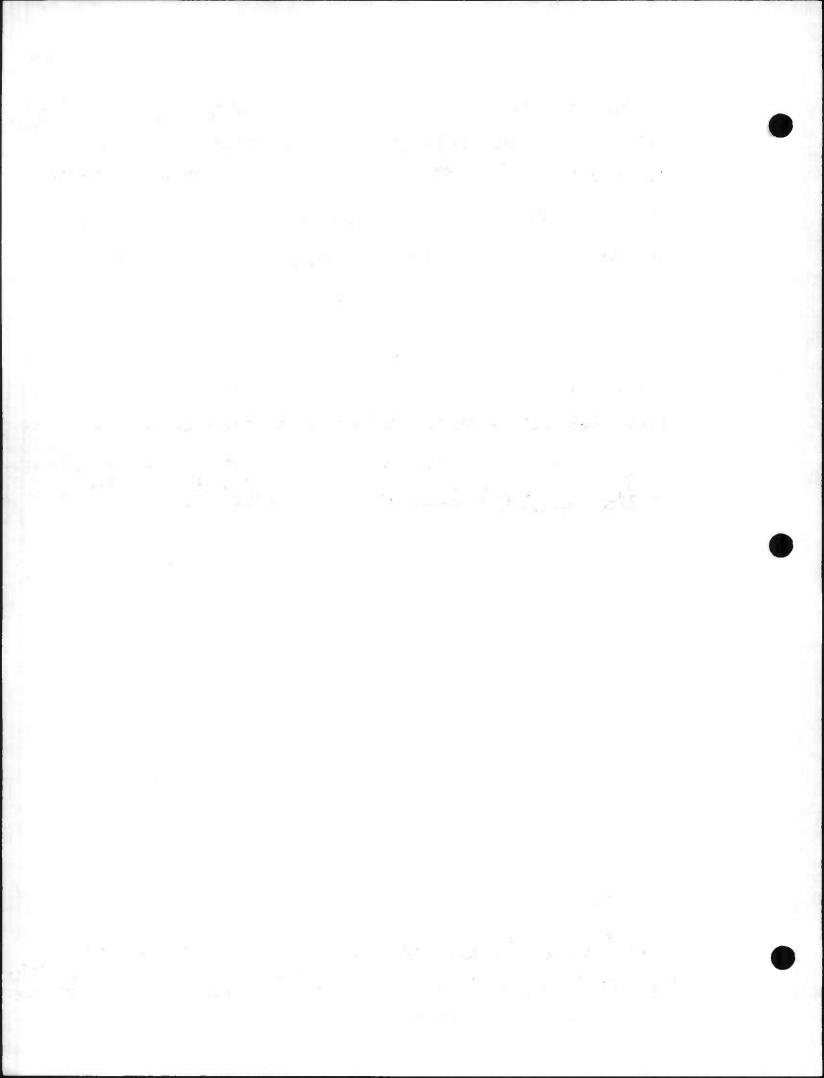
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State of Maryland / Department of Health and Mental Hygiene 96 2 | 778

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P P E		19a. Informant's Neme/Ralationship	(Type, Print)		19b. Maili	ing Addras	s (Street	and Numbe	er or Run	al Routa Numbe	r, City or Town	Stata, Zip	Coda)	
27 la		JUANITA McDOW	ELL (DAU											1229
Department of Haalth Department of Haalth Important: If Item 27 any Injury or other to		20a. Mathod of Disposition 1 Burial 2 Cramation 3 [4 Donation 5 Other Section 2]	XI.	cem	AUB	osition (Na matory or o	CEM	7	/25/		20c. Location BALTIM	ORE,	MAR	
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1	Funeral		5. Social Security Number 6. Sec	7. Age (In yrs.	last birth	Months Devi			Year)	9. Birthple Counti	ce (State or F	-oreign
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21215-0020	d 2 should be filed within 72 hours after death with the Marylan hand Mental Hyglene. Its marked other than "natural", or items 23s or 28s-f show traumetic event, the Med cell Examiner must be notified as	Completed	15. Decedent's Educ (Specify only highest grade	cetion e com <i>pleted)</i>	(ecedent's Usuel Occu	e during most of wo	orking	16b. Kind of Busi	iness/indu	ustry	
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12	9 78	n: T	27. Manner of Death	28a. Date of Injury (Month, Day Year)	28b. Tin	ne of 28c. Inj		T	ow Injury occurred			
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	To the Hos within 24 h To the Fun completely	Med	one) 29b. Signature and title of certifier	and manner stated.								
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	10		30. Name and addrass of person who con	mpleted causa of death (Item	1 23a) (T	pe, Print)	D16 389 1716	the Coo	DED R.	101	PHIC	(1774)
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Certificate of Death	Peg No					

Physici /Medic Examin	ai
Funeral	

Director

Pages 1 and 2 should be filed within 72 hours after death with the Maryland than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at Director

Funeral Baltimore, Maryland 21215-0020 by Completed Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than any injury or other traumatic event, the MODE. Be Physician /Medical Examiner Examiner The law requires that the death certificate be executed burial-transit physician s the burial Records, P.O. Box 68760, Physician/Medical 98 attending | signed by the a by Completed page 2 s certificate Division of Vital Physician: ector. Be 2 4 within 7 å State Registrar

1. Dacedant's Nama (First, Middla, Last) 2. Data of Daath 3. Time of Death JULY BERTHA 19 1996 CARRINGTON 12:11 TM 4a. Facility Nama (If not institution, giva straat and number) 4b. City. Town, or Location of Death 4c. County of Death N, A-918 N.LUZERNE AVENUE BALTIMORE 5. Social Sacurity Number If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Yaar) 2 - 18 - 1 9. Birthplaca (Stata or Foraign Country) 7. Aga (In yrs. last birthday) Days Hours 1□M 2 F 219 10 7772 79 Yrs. Usual Rasidance of Dacadant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits N. A BALTIMORE Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? LUZERNB 21205 918 hi 4.5. 12. Was Dacadant Evar in U,S. Armad Forcas? 1 ☐ Yas 2 ∰ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Spacity Yas or No-If Yas, specity Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Biack, Whita, atc. 11. Marital Status 1 ☐ Navar Married 2 ☐ Marriad 1 Yas 2 No Specify: Specify: Black 3 Widowed 4 Divorced 16a. Decadant's Usual Occupation
(Giva kind of work dona during most of working lifa. DO NOT usa ratired)

Patient Ard I 16b. Kind of Businass/Industry 15. Decedant's Education (Spacify only highast grada complated) Collaga (1-4or 5+) Eiamantary/Secondary (0-12) 912 17. Fathar's Nama (First, Middla, Last) . 18. Mothar's Nama (First, Middla, Maidan Sumama) Dukes EdWARd 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 20b. Piaca of Disposition (Nama of Comatary, cramatory or other placa) PATTETSON Balto Lucille 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Buriai 2 Cramation 3 Ramoval from Stata LION 4 ☐ Donation 5 ☐ Othar (Specify) em. 21. Signatura of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility Locks 23a Part 1. Entaitha disaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, sbock, or haart failure. List only one cause on each line. Approximata Intarval Batwaan Onset and Death Immadiata Causa (Final disaasa or condition rasulting in daath) Hypertensive Arteriosclerotic Cardiovascular Disease Dua to (or as a consequance of): Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last Dua to (or as a consaquance of): Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 🎉 Unknown DIABETE

24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? complation of cause of death? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to madical axaminar? 26. Placa of Daath (Check only ona) Othar: 4 Nursing Homa 5 X Rasidance 6 Othar (Specify) 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of injury (Month, Day Year) 27. Mannar of Daath 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred 5 Panding Invastigation 1 Natural 2 Accident 1 Yas 2 No 6 Could not be 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicida 9a. Certifier

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b, Signature 29c. Licansa number 29d. Data signed (Month, Day, Year)

and title of certifier

O.C.M.E. JULY 19,1996

34 Name and address of parson who complated causa of death (Itam 23a) (Typa, Print) Laron Locke M.D. 111 Penn Street, Baltimore, Maryland 21201

31. Data filed (Month, Day, Year)

241996



and the second s

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Dete of Death 3. Time of Death Month 5 corae 96 11:02 AM July 4a, Facility Nama (If hot institution, give streat end number) 4b. City, Town, or Location of Death 4c. County of Death ENTER DACTIMORE NA LEDICAL if Under 24 Hrs. 8. Date of Birth Min Month, Day. if Under 1 Yeer 7. Age (In yrs. last birthday) 9. Birthplaca (Stata or Foreign Country) Days 10 M 2□ F 218-26-8189 Yrs 60 10,4 Usuai Rasidanca of Decedent 10h Counts 10c. City, Town or Location 10d. Insida City Limits 1 Vas 2 No AU DALTIMORE 10f. Zlp Coda 10g. Citizen of What Country? 21215 3316 SUNTER HUE USA 12. Wes Decedent Evar In U,S.
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1 ☐Nes 2 ☐ No (W) W☐
If Yas, Giva
Yeer or Detas: Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Biack, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☐No Specify: 3 Widowed 4 Divorced 1AC 18e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decadent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) Dethlehen STEELWORKER MA 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Sumama) CARR AND MUKNOWN 19a. Informant'a Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) Palto nd. 21207 4803 GWUND 20b. Place of Disposition (Nama of cemetery, cremetory or other place) 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Removal from Stata MD. NaT. HEM. YARK 4 □ Donation 5 □ Othar (Specify) Aufel re of Funeral Service Liperisee 22. Nema and Address of Fecility 4206 March TUNGE 23a. Pent. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrast, shock, or hear heiture. List only one cause on each line. md. 21215 Approximeta Intervel Betwean Onset end Death Ventricular Cardium Dua to (or as a consequence of): Chronic rena Dua to (or as a consequence of): sent Cemic · Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 25 No 3 Probably 4 Unknown amputation Rt foot vascular disease C 24a. Was an autopsy performed?

Physician /Medical Examiner

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signed by

certificate

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Affect

Director:

death.

after A

24 hours at To the Hospital within 24 hours a To the Funeral C

Division of Vital Records, P.O.

Physician/Medical

Completed by

Be

Physician

/Medical

5. Social Security Number

10e. Street and Number

10a State

Examiner

Funeral

Director

28a-f show

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or items 23a

should be filed within 72 hours after ond Mental Hygiene.

marked other than "natural", or itee

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if item 27 is marked other any Injury or other traumatic event,

Saltimore, Maryland 21215-0020

Director

Funeral

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Completed

other traumatic event, the Medical Examiner name be notified at

Sequantially list conditions, if eny, laading to immediate cause. Entar Undarfying Ceusa (Disaase or Injury that initiated avants rasulting in daath) Lest

Immediata Causa (Final disaasa or condition rasulting in daath)

20a. Mathod of Disposition

Intraabdominal para ourtic

24b. Ware autopsy findings available prior to complation of cause of death?

26. Placa of Death (Check only one)

20240

1 ☐ Yes 2 ☐ No

25. Was casa raferred to medical examinar? 1 Yas 2 No

Hospitai:

1 □ Inpatiant 2 □ ER/Outpatient 3 □ DOA 28a. Data of Injury (Month, Day Year) 28b. Tima of

28c. Injury at Work?

Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 28d. Describe how injury occurred

27. Mannar of Death 1 Naturel 2 Accident

5 Pending Invastigation 6 Could not be

28a. Piaca of Injury - At homa, farm, street, factory, office building, etc. (Specify)

1 TYas 2 No

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29a. Certifier

3 ☐ Suicida

4 Homicida

12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner steted.

29b. Signatura and title of certifiar

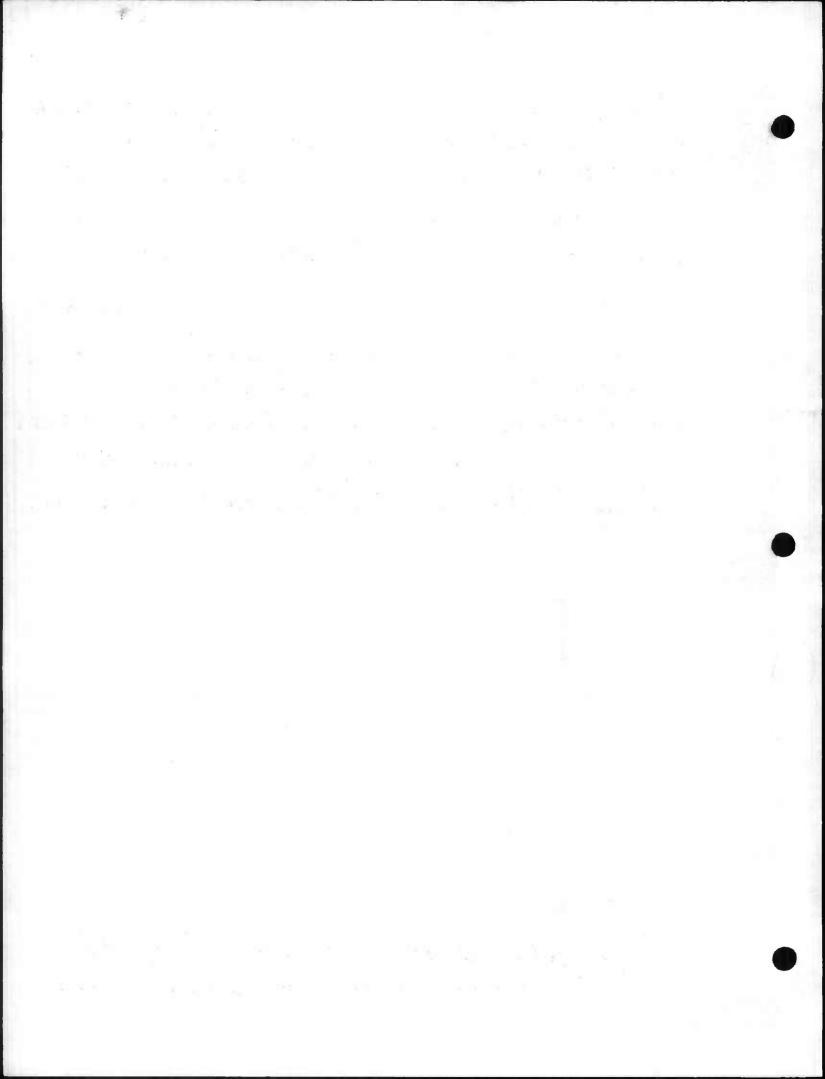
29c. License number 8327 29d, Data signed (Month, Day, Year)

30. Name and addrass of pers n who complated causa of death (itam 23e) (Type, Print)

1109es 460 Wilkers Ave Balto Md Gebremariam. 31. Data filed (Month, Day, Year) Signature

State Registrar

DHMH 16 Rev 6/95

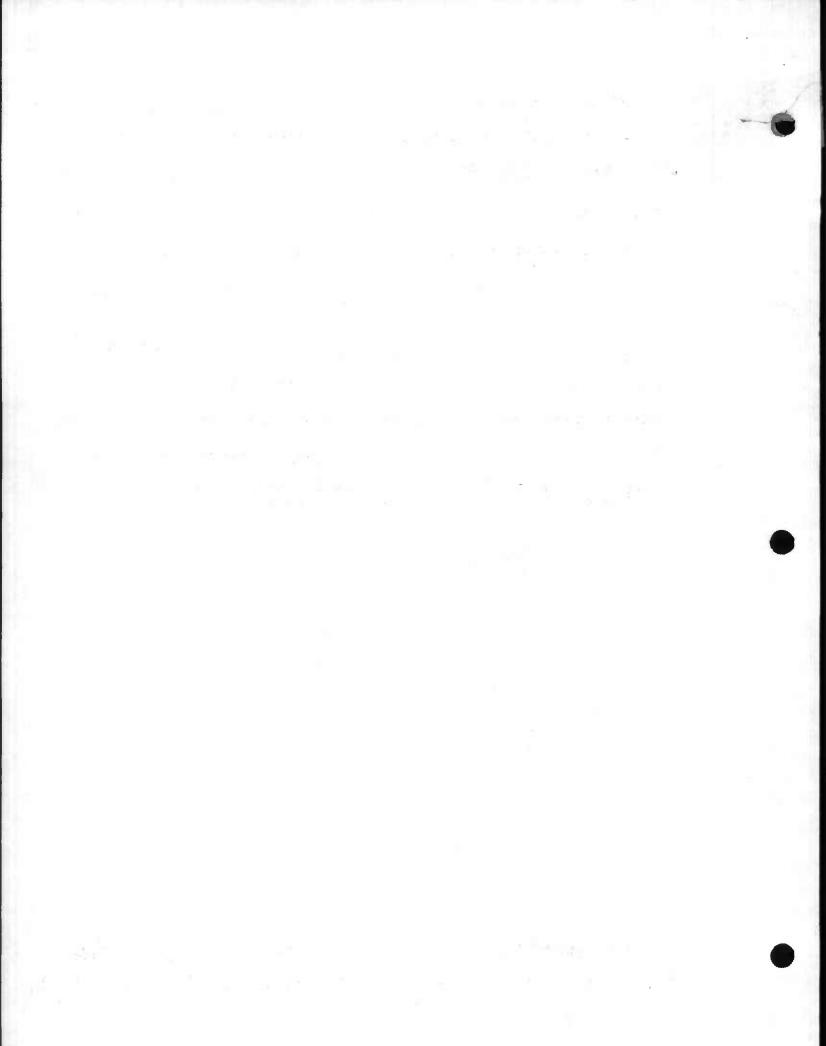


State of Maryland / Department of Health and Mental Hygiene

Physician					Certificate of	Dealli		Reg. No.			
•	_	Decedant's Nama (First, Middla, Las					2. Data of De Month		Year 3.	Tima of Death	
/Medical	L	THELMA MA	Y CRONI	ΞY			July	22,199	6 3	3:30 AM	
aminer	48	Bel Forest		ng Ho	me	4b. City, Town, or I Forest			of Death ford		
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		Sual Rasidance of Decedant Da. Stata 10b. County		10c. City, To	vn or Location				10d. lr	nsida City Limits	
ctor	L	Md. N/A		Bal	timore					XYas 2□No	
Funeral Director	10	De. Street and Number 626 South Sav	age Stre	eet	10f. Zip Code	1224		10g. Citizen of V USA	Vhat Country?		
by		Marital Status Nevar Marriad 2 ☐ Married Widowed 4 ☐ Divorced	12. Was Decedant Armed Forcas? 1 Yas 2011 If Yas, Give Yaar or Datas:		13. Was Decedant of If Yas, specify C	f Hispanic Origin? (Suban, Maxican, Puart o Specify:	pecify Yas or No o Rican, atc.)	No- 14. Race - Amarican Indian, Black, White, atc. Specify: White			
eted		15. Decedant's Ed (Specify only highest grad	ucation da completed)	16	. Decedent's Usual Oct	supation as during most of wor	kina	16b. Kind of Bu	sinass/Industr	У	
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To	_	Henry McNew					ret Fra				
To		9a. Informant's Name/Rafationship (7 Dennis J. Crone			b. Meiling Address (Stre 2230 Larc						
once.	20	0a. Mathod of Disposition 1 □ Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Spacify)		cemat	of Disposition (Nama of try, cramatory or other p K Lawn Cel		Data 7 - 24 - 9	20c. Location - 6Eastwo			
OUCE.	2	1. Signatura of Funarel Sarvice Licens	500 Bele	~		rass of Facility S. Zeil stern Av					
Medical Examiner	Sit diCth	equentially list conditions, any, laading to Immadiata ausa. Entar Undarlying ause (Disease or Injury at intiteted evants sulting In death) Last	. Cerep	Dua to (or as a	consequence of): Consequence of): consequence of):	ture l'accident fail	ulmas y- une				
Physician/	Pé	art II. Other significant conditions co	ntributing to death bu	ut not resulting	in tha undarlying causa	givan in Part I,		obacco use con			
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D D	_						24a. Was perfo	an autopsy med?	avallabl	utopsy findings e prior to tion of causa 1?	
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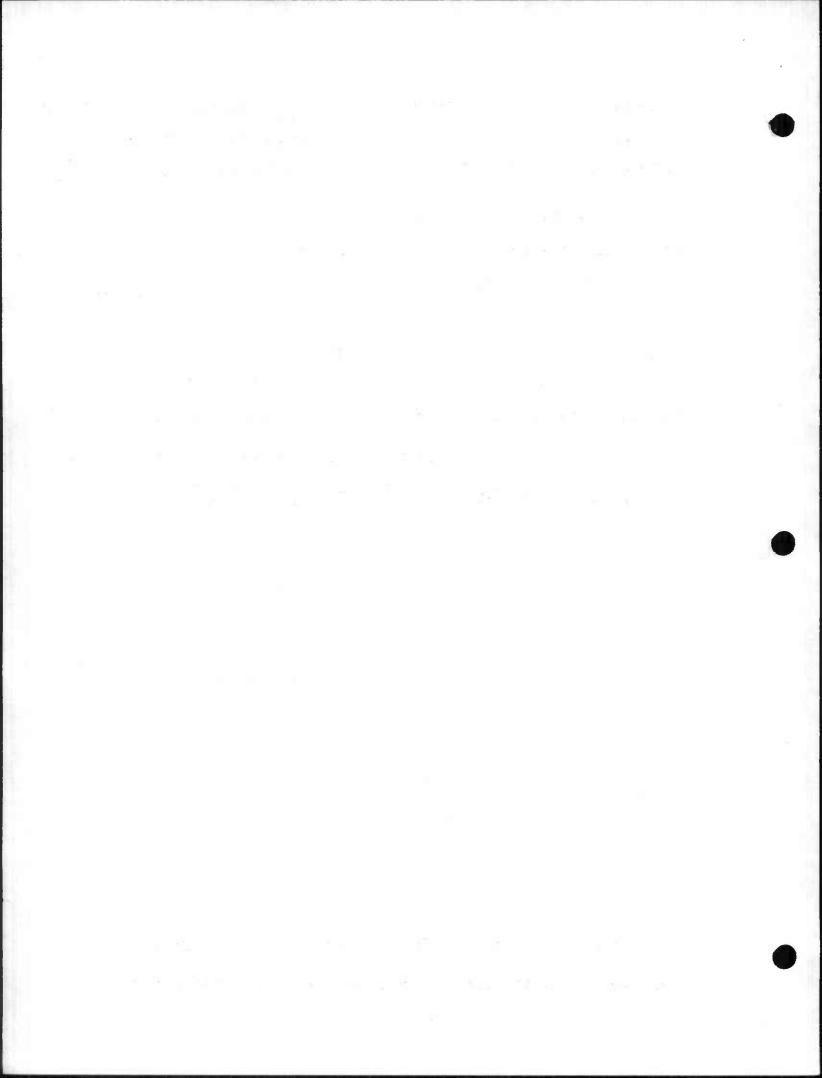
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Due to (or es a consequence of): Coronary artery disease 30 years						1							į	30 minutes		
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24a. Was an autopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of death? 1 Yas 2 No 1 Yes 2 No 1 Yas 2 No 1 Yes 2 No 25. Wes case referred to medical exeminer? 1 Yas 2 No 1 Yes 2 No 26. Place of Death (Check only one) 27. Menner of Deeth (Specify) 28d. Dascribe how injury occurred injury of the determined of country of the determined of the determined of country of the determined of the	-	death e atte	sicia	Pert II. Other significant conditions	contributing to death t	out not res	uiting in tha	underlying	cause di	ven in Pert I.	23b. Did	tobacco use	30 minutes 30 years o use contribute to the cause of death? 2 No 3 Probably 4 Unknown			
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State of Maryland / Department of Health and Mental Hygiene 96 2 1 784

					Ce	rtificate	e of	Death		Reg. No.			
Dhusisis		1. Decedent's Nama (First, Middle, L	ast)						2. Date of Di	aath	V-	3. Tima of Death	
Physician Medical/	Martha D Crouco								July 1	9, 1996	Year	5:15 P.M.	
Examiner	-	4a. Facility Name (If not Institution, gi	ve streat and nu	ım <i>ber)</i>				4b. City, Town, or	Location of Deal	th 4c. County of Dea			
		8250 Quarterfi	eld Roa	đ				Severn		Anne	Arur	nde1	
uneral			Sex	7. Aga (In yr	s. last birthday	If Under Months				rth	9. Birth	oplace (State or Foreign	
rector	-	Usual Rasidenca of Decadant	1□M 2⁄QF	71	Yrs.	WOITHS	Days	Hours Min.		, 1924		th Carolina	
23a or 28a-f show		10a. State 10b. County Maryland Anne Ar	undel		City, Town or L evern	ocation						10d. Inside City Limits 1 ☐ Yes 2 💢 No	
or 28		10e. Street and Number				10f. Zip	Code			10g. Citizen o	f What Cou	intry?	
dian ale	2	8250 Quarterfiel	d Road			2	114	4	U.S.A.				
any injury or other traumatic event, the Nedical Examiner must be notified once. To Be Completed by Funeral Director		11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorcad	12. Was Dec Armed Fo 1 Yas If Yes, Gi Year or D	2X No ve		Was Deced If Yas, spec	ify Cub	Hispanic Origin? (Sean, Mexican, Puerl Specify:	pecify Yes or No to Rican, etc.)		lack, White	lcan Indian, , etc. nite	
H Pa	3	15. Decedent's E		, a. (83.	16a Deca	ident's Usua	1 Осеш	nation		16b. Kind of			
it, the Medical J		(Specify only highest gr	ade completed)		(Give	kind of wor.	k done	during most of wor	rking	16b. Kind of	Dusiness/ir	idustry	
E	5	Elementary/Secondary (0-12) 12th Grade	College (1-4or 5+)		Make		-,		Own H	Iome		
ent.	5	17. Father's Name (First, Middle, Las	t)		Home	ridice	_	18. Mother's Nar	ne (First, Middle	fle, Maldan Sumama)			
To Be		Pearl G. Bryant							. Spenc				
		19a. Informant's Neme/Relationship (Type, Print) Paul L. Crouse - Husband 8250 Quarterfiel						t and Number or Ru	and Number or Rural Route Number, City or Town, State, Zip Coda)				
p t		Paul L. Crouse	- Husb	and	8250	Quar	ter	field Roa	d, Seve	rn Mary	land	21144	
\$ P	12	20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 [Domeyal from		Placa of Dispo cemetery, cra	osition (Nam matory or ot	ne of ther pla	ica)	Date	20c. Location	- City or T	own, State	
		4 □ Donation 5 □ Other (Speci						ets Cem	7/23/96	Crowns	sville	e Maryland	
DCe.		21. Signature of Funeral Service Lice	nsee					ess of Facility				eral Home	
8 0		Nukard	_ C-X	Jan	18 A	001 R	itc		_			and 21225	
cian lical iner		Part1. Entar tha disease, or con shock, or heart failure. List only Immediate Cause (Finel disease or condition resulting in death)	a.	Suce	(or as a conse	Cey/	2	lay	or respiratory a	mast,		Approximate Interval Between Onsat and Death	
Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	b. ————	Due to	(or as a consec	quenca of):							
use as the buriel-transit		cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	c	Dua to	(or as a consec	quance of):							
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icia	-	Part II. Other elegitleant conditions	and all the state of the state of										
detached for u		Part II. Other significant conditions of	contributing to de	eath but not re	sulting in the u	inderlying ca	iuse gi	ven in Part I.	-	Yes 2 No	/	to the cause of death? bably 4 Unknown	
page 2 should be de									24a. Was	an autopsy omed?	av	Vera autopsy findings vailabla prior to ompletion of cause death?	
Com									10	Yes 2 No	- 11	□Yes 2□No	
Be C		25. Was case referred to medical						26. Place of Dee					
0		axaminer? 1 ☐ Yes 2 ☐ No	Hospital:	Inpetient 2	☐ ER/Outpatier	* 2 DO	Oth	oor:	. /		h (C)	76.)	
3 II	-	27. Manner of Death 11 Natural 5 Pending 2 Accident investigatio	28e. Date (Moni	-	28b. Time o		Bc. Injui	4 Li Muising n	ome Presi 28d. Describe	how injury occu		(y)	
ed in by the low		3 Suicide 6 Could not b determined	286. Placa	of Injury - At I	home, farm, str lify)	reet, factory,	office		28f. Location (City or To	Street and Num wn, State)	ber or Rurr	al Route Number,	
completely filled in the Medical Certi		29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exar	niner: On the ba	best of my kn asis of examin	owiedge, death ation end/or in	n occurred a vestigation, i	t the tir	me, date and piaca opinion, death occur	, and due to the rred at the time,	cause(s) and n date and placa	nanner as s	stated. o the cause(s)	
Сотріе		9b. Signature and title of certifiar	and main	.5. 0.0100.		290	Licans	sa number		29d. Date sign	ed (Month	Day, Year)	
0		1	1	5)		01	8508	7	1-1	2	96	
	3	0. Name and address of person who	completed caus	e of death (Ite	m 23e) (Type,	Print)		# 2 4 1			1		
	10	CHARLES J. WU	MD.	160	00 S. C	RAIN	Hin	306 GI	LEN Bu	RNIF	MIN	21061	
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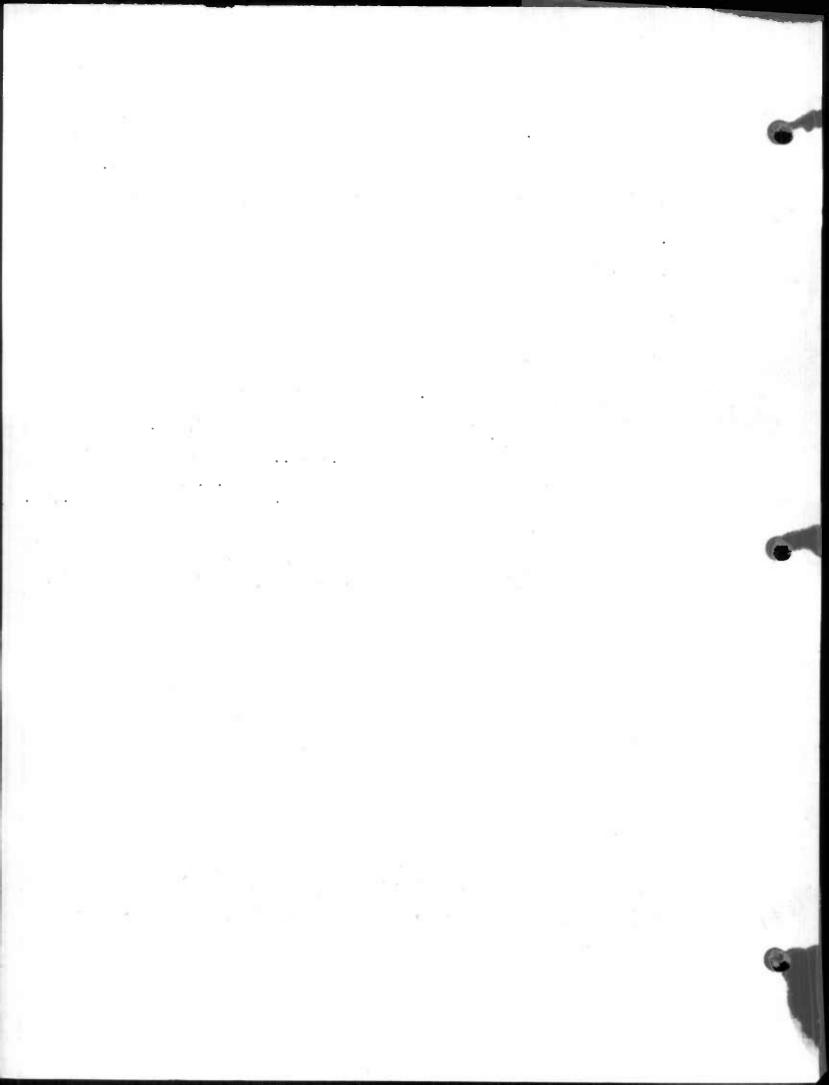
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	0	TO THE FLINERAL DIRECTOR After this certaining of the attending physician and completely filled in by the funeral director, page 5 should by	100
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31. DATE FILED (Month, Day, Year)

**SUL 2.4 1996

32. EGISTMAN'S SIGNATURE
FUNANDAY DAY DAY DAY

	1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGIEN					
	1. DECEOENT'S NAME (First, Middle, Last)	J. CARTER				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH 2:450 M			
	4. SOCIAL SECURITY NUMBER 216-62-3619	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR WONTHS DAYS				7. DATE OF BIRTH (Month, Day, Year) 10 1	8. BIFF Cou	THPLACE (State or Foreign ntry)			
OR	9a. FACILITY NAME (If not institution, give states of the state of the states of the s		96. CITY, TOW BALT	EATH	9c. COUNTY OF	DEATH					
DIRECTOR	10a. STATE 10b. COUNTY MD . N/		TY, TOWN OR LO			10d. INSIDE CITY LIMITS? 1 X X ES 2 NO					
	100. STREET AND NUMBER 2127 CHRISTIAN		<u> </u>	ALTIMO	10f. ZIP CODE 21229		10g. CITIZEN OF	WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X XES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANI If yes, specify Cuban, Maxican 1 YES 2 X XO Specify:			an, Puarto Rican, etc.)	CE - American Indian, seck, White, etc.					
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o		ATION most of working		ISINESS/INDUSTRY				
COMPL	17. FATHER'S NAME (First, Middle, Last)	-0-	GARD	NER		AME (First, Middle, Maiden					
TO BE	JOSEPH 19a. INFORMANT'S NAME (Type/Print)	CARTER	SR.	IG ADDRESS (Str	FRAN et and Number or Rural	NCES Route Number, City or Tow		RTON			
-	FRANCES CART 20a. METHOD OF DISPOSITION 15 Murial 2 Cremetion 3 Rem	oval from State	PLACE AND DATE	E OF DISPOSITION	I (Name of		OCATION — City or	Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE	th CFSP	# 281	22. NAM 172	E AND ADDRESS OF FA $1-27$ N.	E.L. MONROE S	PHILLI:	IMORE PS F/H BALTIO, MI			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each lina. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSCOUENCE OF): Sequentially, list condition										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A		OF):	WIE-	Detic	ienc	of who			
EDICAL CE											
AN	DID TOBACCO USE CONT	RIBUTE TO CAUSE C	F DEATH			IN D		1 TYES 2 NO			
PHYSICI	EXAMINER? 1 Yes 2 2 2 2 2 2 2 2 2 2 2 2 2	HOSPITAL: 1 Inputlent 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year)	28b. T		Homa 5 Spaldenca INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED				
B	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined	28e. PLACE OF INJURY building, atc. (Spec	/ — At home, tarm		YES 2 NO	281. LOCATION (Street City or Town, State		al Route Number,			
MPLE	(Oriota Orin)	ICIAN: To the best of my know ER: On the basis of examination						e(a) and manner as stated.			
O BE CO	29 SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	119MOL	ATH (I MM 27) (IV	\mathcal{Q}	29c. LICENSE NU	263	294. DATE SIGN	(Month, Day, Year) 2Z 9 (



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96 2 | 786

				Ce	rtificate of	f Death		Reg. No.			
D1		1. Decedent's Name (First, Middle, Les	st)				2. Dete of Dee	eth		3. Time of Death	
Physici /Media		SHIRLEY	J		CORN	TSH	Month JULY	Dey 21, 19	Yeer 9.6	0120AM	
Examir		4e. Fecility Neme (If not institution, give	street end number)		CORN		or Location of Deeth		-	UIZUAM	
		HARBOR HOSPITA	T. E. R.			BALTIM	ORE CIT	v B	ALTI	MORE	
neral		5. Social Sacurity Number 6. Se	7. Age (In yrs.	lest birthday)	if Under 1 Yea	r If Under 24 h	irs 8 Date of Bid	h		elece (State or Foreign	
ctor		219-38-6858 11 Usuel Residence of Dacadent	□M 2ÅF 5	9 Yrs.	Months Dey	s Hours M	lin. (Month, De) MAY 25	, 1937	MA	RYLAND	
비		10e. Stete 10b. County	10c. Ci	ty, Town or Lo	ocation				1	0d. Inside City Limits	
	Director	MARYLAND BAL	TIMORE	13	ALTI M	ORE C	LITY			1 Yes 2 No	
	굽		- 1			2122		10g. Citizen of N		•	
	Funeral	1003 BRIST		=		0		L	SA		
	nu	11. Marital Status	12. Was Decedent Ever in L Armed Forces?	J,S. 13.	Was Decedent of If Yes, specify Cu	Hispenic Origin? Iben, Mexican, Pu	(Specify Yes or No- erto Rican, etc.)	pecify Yes or No- De Rican, etc.) 14. Race - American Indien, Black, White, etc.			
	by	1 Never Merried 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 No If Yes, Give Year or Dates:		1□ Yes 20 No				BL	ACK	
T off	ted	15. Decedent's Edi (Specify only highest gred	ucation	16a. Dece	dant's Usuel Occi	upetion	un dela m	16b. Kind of B	usiness/ind	dustry	
	pje	Elementary/Secondary (0-12)	College (1-4or 5+)	life.	DO NOT use retir	e during most of v red)	working				
	Completed	11+HGRADE			Nu.	RSE	,	BALTO. C	ITV H	EALTH DEPT	
	Be C	17. Fether's Name (First, Middle, Lest)				18. Mother's N	lame (First, Middle,	Meiden Sumen	ne) /	EALTH DEPT	
	To B	FREDRICK		COOK		1	THV				
		19e. Informent's Name/Relationship (T		-			Rural Ropte Numbe				
s 1 and 2 si f Health and frem 27 is n other traun		TINA									
		20e. Method of Disposition	CORNISH 20b.1	Plece of Dispo	sition (Neme of	SINEEL	Date	20c Location	City or To	wn State	
		Buriel 2 Cremetion 3 1	Damoural from Ctata	somotory, oron	notory or other pr	000)					
		4 ☐ Donetion 5 ☐ Other (Specify,) M:	710	N CEMO	STERY	1-21-96	BALTI	MOR	E, MARYLAND OME, P. A.	
once		21. Signature of Funeral Service Licens	See	22	2. Nama end Add	ress of Facility	DA TR F	LINERA	1 4	ame P.A.	
Öl ,		Va	VINA	7	0146 N	FULTO	NAVE 12	NTIHA	OF M	0 11717	
		23a. Partt. Enjecthe disease or comp	licetions that caused the deet	h. Do not ent	ar the mode of dy	ring, such es card	liac or respiretory en	rest,	17	Approximete	
		shock, or bean feilure. List only o	ne ceuse on each line.							interval Between Onsat and Deeth	
		Immediate Ceuse (Final	1					a christ			
		disease or condition resulting in death)	· ATHOROSO	in-nog	20 000	1010N17 2	aus VI	72.77			
	-	Due to (or es a consequenca of):									
1	Examiner		b								
	хап	Sequentially list conditions, if any, leading to immediate	Dua to (d	or as e consec	uence of):						
-		Cause. Enter Underlying Cause (Disease or Injury	c								
-	edicai	thet Initietad events resulting in deeth) Lest	Due to (o	r es e conseq	uence of):	· · · · · · · · · · · · · · · · · · ·					
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	Physician	Pert II. Other significant conditions con	ntributing to death but not res	ulting in the u	nderlying cause o	iven in Part I	23h Did to	obacco use co	atribute to	the cause of death?	
	h				- J J J 00000 g			res 2□No	3 Prob	11	
-	by P						_	2 Z I NO	3 L Prob	A TRANSPORT	
							24e. Wes	an autoney	24b. We	ere autopsy findings	
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		27. Menner of Deeth	28a. Dete of Injury	28b. Time of			28d. Describe h		,	//	
	to	1 Neturel 5 Pending investigation	(Month, Dey Year)	Injury		ork? ∃Yes 2⊟No					
ĺ	Ca	3 Suicide 6 □ Could not be	28e Place of Injury	amo farm st-			29f Leastier (C	Ymat and thee	as as Dura	I Pouto Number	
1	Certification:	4 ☐ Homicida determined	28e. Place of Injury - At he building, atc. (Specif	y)	eet, lactory, οπίδε		28f. Location (S City or Tow	n, Stete)	er or murai	noute Number,	
		00.0.4%									
1	edicai	(Uneck only 2 X Medical Exami	sicien: To tha best of my kno ner: On tha basis of examine	wledge, deeth	occurred et the trestigation. In my	ime, data and ple	ca, end due to tha c	ause(s) end me	nner es ste	etad.	
1		3.0)	end menner steted.				The state time, t	one place, l	000 (0	04490(3)	
	Σ	29b. Signature end title of certifier	V 0-		29c. Licen	nse number	2	29d. Date signer	d (Month, L	Day, Year)	
		Valoure Ano	Chill		0.0	M		TIIT ** ^	1 -	006	
	-	30. Neme end eddress of person who co	ampleted course of death (the-	2201 /7		.M.E.		JULY 2	1, 1	996	
		MALLA ain D.	LONGLE IM								
		1			Penn S	treet,	Baltimo	re, Ma	ryla	nd 21201	
ta	_	31. Dete filed (Month, Day, Year)	32. Registrar's Signa	TUPO							
tra	ar	JUL 24 1996	June variason	Joshom							

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		1 - FOR STATE OF MARYLAND / DEPARTMENT CERTIFICATE	OF HEALTH AND MENTAL HYGIENE OF DEATH REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) IF UNDER 1	YEAR IF UNDER 24 HRS. 7, DATE OF BIRTH 8, B	BIRTHPLACE (State or Foreign
should		111-09-1401 1 M 2 XF 85 YRS. MONTHS	DAYS HOURS MIN. (Month, Day, Year) DEC. 5, 1910	TARYLAND
2, 3	CTOR	LORIEN NURSING HOME	COLUMBIA HOW,	
Pages 1.	ш	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR		10d. INSIDE CITY
215-0020 attending physician. ise as the burial-transit permit.	AL DIR	MARVLAND BALTIMORE 10c. STREET AND NUMBER	RANDALLSTOWN 100 CITIZEN	LIMITS? 1 YES 2 □ NO OF WHAT COUNTRY?
	E .	23 SPYCE MILL COURT 11. MARITAL STATUS 12. WAS DESCRIPTE EVER IN ILS ADMED 149. WAS	21133 4	SA.
	TED BY FUNI	1 Never Married 2 Married FORCES? 1 YES 2 NO	AS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. 1 yes, specify Cuber, Mexican, Puerto Rican, stc.) YES 2 A NO Specify:	RACE American Indian, Black, White, etc. Specify: BLACK
		15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCC (Give kind of work done due	CUPATION 16b. KIND OF BUSINESS/INDUSTS	RY
\$ ° N	PLET	Elementary/Secondary (0-12) College (1-4 or 5+) #fe. Do NOT use retired.)	10	-4)
The hospit detached	COMPL	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NAME (First, Middle, Maiden Surname)	570 /
# 8 g	BE C	JAMES SMITH	MARY GAV.	LE
MAR retained 5 should notified	TO E		Street end Number or Rural Route Number, City or Town, State, Zip Code	
E age			TION (Name of DATE 20C. LOCATION - CHY	
The ctr of the ctr		20a METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION cemptery, crematory or other place) A Departion 5 Other (Specify)	1	BURNIE, MD.
ALTIM death. Page thereal direction committee in		22. NA 22. NA 22. NA 22. NA	AME AND ADDRESS OF FACILITY SEPH H. BROWN JR. FUN	IPPAL HOME
BALT fiter death. the tuneral roval.		1200011	140 N. FULTON AVE. BALTIM	10RE, MD, 21217
in by remo	1	23. PART/L End the disease, or complications that ceused the death. Do not enter the speck, or heart fellure. List only one cause on each line.	he mode of dying, such ea cardiac or reapiratory arrest,	Approximate Interval Between
ithin 24 ho letely filled emation, or nt, the m		IMMEDIATE CAUSE (Final		Onset and Death
within mpletel crema vent,		resulting in death) a. REAL FAILL DUE TO (OR AS A CONSEQUENCE OF):		6 nouts
ecuted ecuted ind cor burial,	N	Sequentially list conditions, D. DE DIRATE SY DUE TO (ORIAS A CONSEQUENCE OF):	MPRONE	1 year
OX 68 e be execut sician and c rice to burit traumatic	Ä	If any, leading to immediate cause. Enter UNDERLYING		
other phy	IFIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):		
bath ce atthendin tal Hyd	CERTIFICATION	resulting in death) LAST		
HDS, I nat the death by the atte and Mental iy injury, i	7	PART II. Other significant conditions contributing to death but not resulting in the under	DEBEORMED?	24b. WERE AUTOPSY FINDINGS
S to to to	MEDIC	- CONGESTING HAMM PALLINE &	ue to Dyperterm YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
requi	W	DEMENTIO (ALZ AFINEN TYPE) DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO	O [] UNCERTAIN []	1 TES 2 NO
AL he law thas b e Dept. m 23	IAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check onl		A 8
SICIAN: The certificate if the State	PHYSICIAN:	EXAMINER? 1 YES 2 MO NOSPITAL: 1 Mellent 2 ER/Outpatient 3 DOA 4 Norman	ng Home 5 Residence 8 Other (Specify)	
NG PHYSIC fler this ce eath with th	ву Рн	1 Netural 5 Panding (Month, Day, Year) INJURY	86. INJURY AT WORK? 1 YES 2 NO	0
TTENDI TTENDI TTOR: A after de	COMPLETED E	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory building, etc. (Specify)	y, office 281. LOCATION (Street and Number or Ru City or Town, State)	iral Route Number,
TAL OR A AL DIRECT 72 hours 11 item	PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time	e, date end place, and due to the cause(s) end manner as stated.	
	CON	one) 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opin	nion, death occured at the time, date and place, end due to the ceu	use(e) end menner ee stated.
물 물 물 등	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER 29d. DATE SIGN	NEO (Month, Day, Year)
2 2 3 3	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	mo 25210 7/0	1/96
		DR. JERRY SEALS (346) ELLICATT CEN	TER DR. ELLICOTT CITY MD	. 21043
		31. DATE FILED WINTER, Day, Mary 1996 32 REGISTRAD'S SIGNATURE Juna Davidson-Randoll	1	
l		0		

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath **Physician** Month Vaar Elsie Catherine Eibner July 1996 18 7:00 a.m. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 5530 Force Road Baltimore If Undar 24 Hrs. 8. Data of Birth (Month, Pay, Oct. 0, 5. Social Sacurity Number If Undar 1 Yaar 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foreign Country) **Funeral** 10 M 2 KF Months Days Yrs 7933 Director 213-30-3545 62 Maruland Usual Rasidance of Dacedant with the Maryland 10a State 10b. County 10c. City. Town or Location or items 23a or 28a-f show 10d. Insida City Limits other traumatic event, the Medical Examiner must be notified at Director XX Yas 2 □ No Baltimore Maruland 10e Street and Number 10f. Zip Code 10g. Citizan of What Country? 5530 Force Road 21206 United States Funeral 12. Was Dacadant Evar In U,S. Armad Forcas? 1 ☐ Yas 2 ☐ No If Yas, Give 11. Marital Status 14. Race - Amaricen Indian, Black, Whita, atc. Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Ricen, atc.) 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify þ Specify: White 3 Widowad 4 Divorced natural Year or Dates: Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry is marked other than Elamantary/Secondary (0-12) Collaga (1-4or 5+) Homemaker Cwn Home uears permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy Important: If item 27 is marked other any injury or other traumatic avants. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be William Adams Lillian Panzer 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Baltimore, Leo W. Eibner (Husband) 5530 Force Road Maryland 21206 20a, Mathod of Disposition 20b. Placa of Disposition (Nama of comatary, cramatory or other place) 20c. Locetion - City or Town, Stata 1 ☐ Burial 2 Cramation 3 ☐ Ramoval from State Hilltop Service Corp. 7/22/96 4 [] Donati Other (Specify) Towson. Maryland fre of 22. Nama and Addrass of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 23a. Part 1. Enter the disease, or complications that caused to death. Do not enter the mode of dying, such as cardiac of respiratory arrest, approximeta shock, or heart failure. List only one cause on each line. Physiclan /Medical Immadiata Causa (Final diseasa or condition resulting in death) Examiner ua to (or es e consaquanca of): Physician/Medical Examiner bunial-transit Saquentially list conditions, if any, laading to immediate ceusa. Enter Underlying Causa (Disease or injury that initiated avants rasulting in death) Last and Dua to (or as a consaquance of): certificate be exec attending physician for use as the burial Box 68760, Dua to (or as a consequence of) P.O. I Part II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by the 2□ No 3 Probably 4 Unknown Records, Completed by 24a. Was en autopsy performed? Wara autopsy findings available prior to peed completion of ceuse of death? page 2 s 20 1 Yas 1 ☐ Yas 2 ☐ No certificate Division of Vital or Attending Physician: after death. Be 25. Wes casa rafarred to medicel axaminer? 26. Placa of Deeth (Check only ona) Hospital: 1 | Inpatiant Other: 4 Nursing Homa 10 ma Aasidance 8 Other (Specify)
28d Oascribe how injury occurred 1 Yas 20 2 ER/Outpatient 3 DOA this 27. Manner of Daath Data of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 28b. Tima of After 5 Panding invastigation Natural Accident 1 Tas Director: # 6 Could not be detarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 3 ☐ Suicida Location (Streat end Number or Rural Routa Number, City or Town, Stata) 4 | Homicida 29a. Cartifiar Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

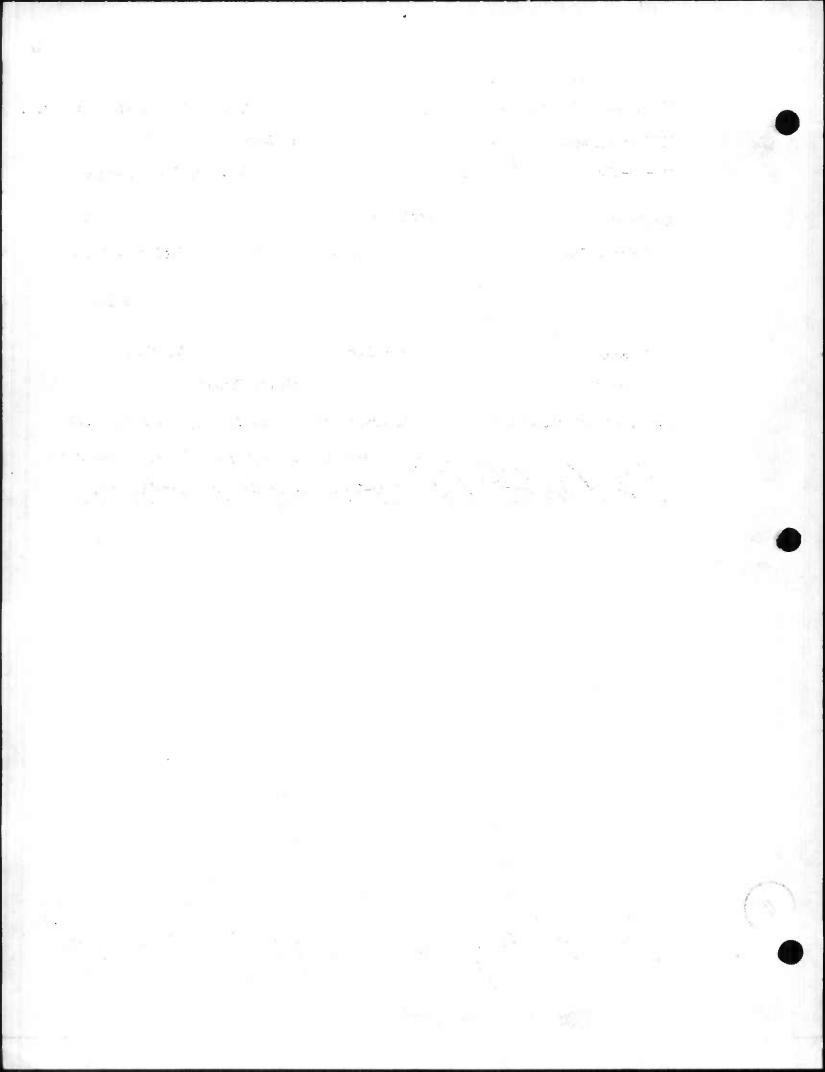
Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. edicai 29b. Signature and title of certifies 29c. Licansa numbai 29d. Data signed (Month, Day). eeth (Item 23e) (Type, Print)

State Registrar

IUL 24 1996 Julie

31. Data filed (Month, Day, Year)

32. Registrer's Signatura



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legiple.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Orangie W. Epps 4b. City, Town, or Location of Deeth 19TH 1996 2:00 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth **Examiner** Union Memorial Hospital Baltimore City | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | 12 18 1 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 10M 20F Director Yrs 214-40-4581 91 1904 MD. Usual Residence of Decedent the Maryland show 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ns 23a or 28a-f show Director XXYes 2 No MD. N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Pages 1 and 2 should be filed within 72 hours after death with 10 Department of Health and Mental Hygiene.

Important: If item 27 is marked other than any injury or other transmitted. 3939 ROLAND AVE. APT. 717 21211 Funeral US 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give ॲ Yeer or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Never Married 2 ☐ Married þ 1 Yes 2 No Specify. Specify 3 Widowed 4 □ Divorced BLACK Completed 15. Decedent's Education (Specify only highest grede completed) 18e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) TEACHER EDUCATION 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be SAMUEL WISE EFFIE COHEN 19e. Informent's Neme/Reletionship (Type, Pnnt) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) MILDRED JONES (DAUGHTER) 3513 GELSTON DRIVE BALTIO, MD. 21229 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete AUBURN CEMETERY 7/24/96 BALTIO., MD. 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility E.L. PHILLIPS FUNERAL HOME 1721-27 N. MONROE ST. BALTIO., MD. 21217 Decla CFSP #281 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel SEPTIC SHOCK disease or condition resulting In death) 10 itrs Examiner Due to (or es e consequence of): DAY UMNARY TRACT INFECTION Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or as e consequence of): Box 68760. Physician/Medical Due to (or es e consequence of): res that the death Division of Vital Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uea contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown CEREBROVASCULAR ACCIDENT 24b. Were autopsy findings eveltable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? ATRIAL FIBRILLATION 1 Yes 2 No 1 Yes 2 No Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) 1 Yes 2 No 1 Inpatient 2 □ ER/Outpetient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 5 Pending Investigation Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) and manner es stated.

| Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete end plece, end due to the cause(s) end menner stated. Medical 29a. Certifier To the 29b. Signeture end title of partifier 3 29d. Date signed (Month, Dey, Year) 29c. License number AT 2438946 30. Name end eddress of person who completed cause of deeth (ttem 23e) (Type, Print)

State Registrar 31. Dete filed (Month, Dey, Year)

JUL 24 1996

ARVINDER BAINS,

32. Registrer's Signeture

UNION MEMORIAL HOSP., BALTIMORE, NO 21218

DEPT MEDICWE

· Ar = 12

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. item#26, filmg 737, 7/24/96,cyw, per doctor Certificate of Death

Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** 1996 Donnie Ervin /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Beeth 4c. County of Death Examiner Balt If Under 24 Hrs. more DICIOI 5. Sociel Security Number If Under 1 Yeer 6. Sex 8. Dete of Birth Month, Day 7. Age (In yrs. lest birthday) **Funeral** 216-362969 Deys 1 M 2 KF South Yrs. Director arolina Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours effer death with the Meryland Department of Heelth and Mentel Hygiene. Important: If Hem 27 is marked other than "natural" any injury or other traumatic averages. 10e. Stete 10b. County 10c. City. Town or Location 10d. inside City Limits Yes 2 No Director more aryland 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 Ki No If Yes, Give/ Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American I Black, White, etc. 11. Maritel Stetus American Indien. 1 Never Merried 2 Married 1□ Yes 20 No Specify: þ 3 □ Widowed 4 □ Divorced ear Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Sis/Am Vursing 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Wilhelmenia Kirven 19e. informant's Neme/Reletionship (Type) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Gode) meretta Cimore Tho 206. Plece of D 20e. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 6 21. Signature of Funerel Service Licensee 050 2222 U 21216 23a. Part I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, thock, or heart tellure. List only one cause on each line. Approximete Intervel Between Onset end Death Physician /Medical Immediete Ceuse (Final Se 0515 2 days disease or condition resulting in deeth) Examiner Due to (or as a consequence of): Examiner been signed by the attending physician and should be deteched for use as the buriel-transit requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Morbid 2 24b. Ware eutopsy findings eveileble prior to completion of ceuse of death? 24e. Wes en eutopsy performed? Completed hes Hospital or Attending Physician: The 24 hours efter death. Funeral Director: After this certificate I 1 Tes No No 1 Yes 2 No 25. Wes case referred to medical examiner? director Be 26. Piece ot Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 Yes Inpatient #ER/Outpetient 3 DOA To the Hospital or Attending Phy within 24 hours efter death. To the Funeral Director: After this completely filled in by the funeral! 28c. Injury et Work? 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28d. Describe how injury occurred 1 Neturel 2 Accident 5 Pending investigation 1 Yes 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, tarm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examinar: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end plece, end due to the ceuse(s) end menner steted. Medical 29a, Certifier 29b. Signeture and title of certifie 29c. License number 29d. Dete signed (Month, Dey, Year) Resident AS2402321ER9943

medical

Sinai Hospita 32. Registrar's Signature

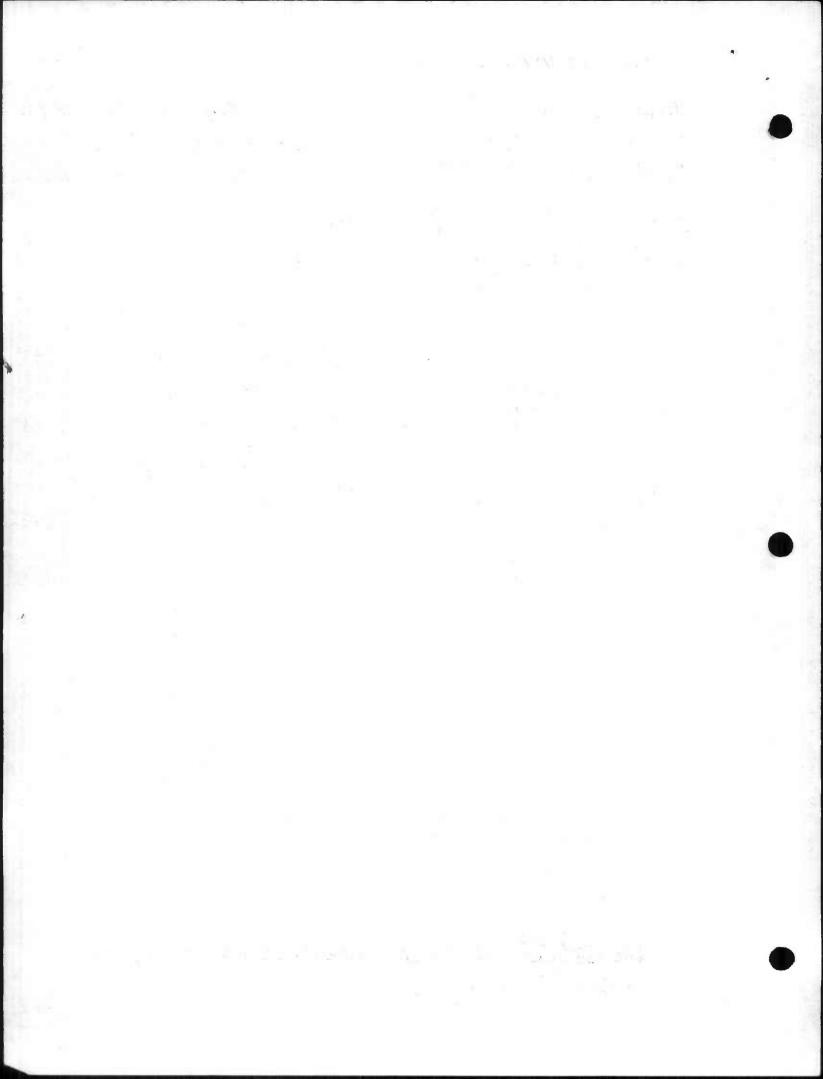
30. Name end eddress of person who completed ceuse of death (Item 23a) (Type, Print)

Rothschild

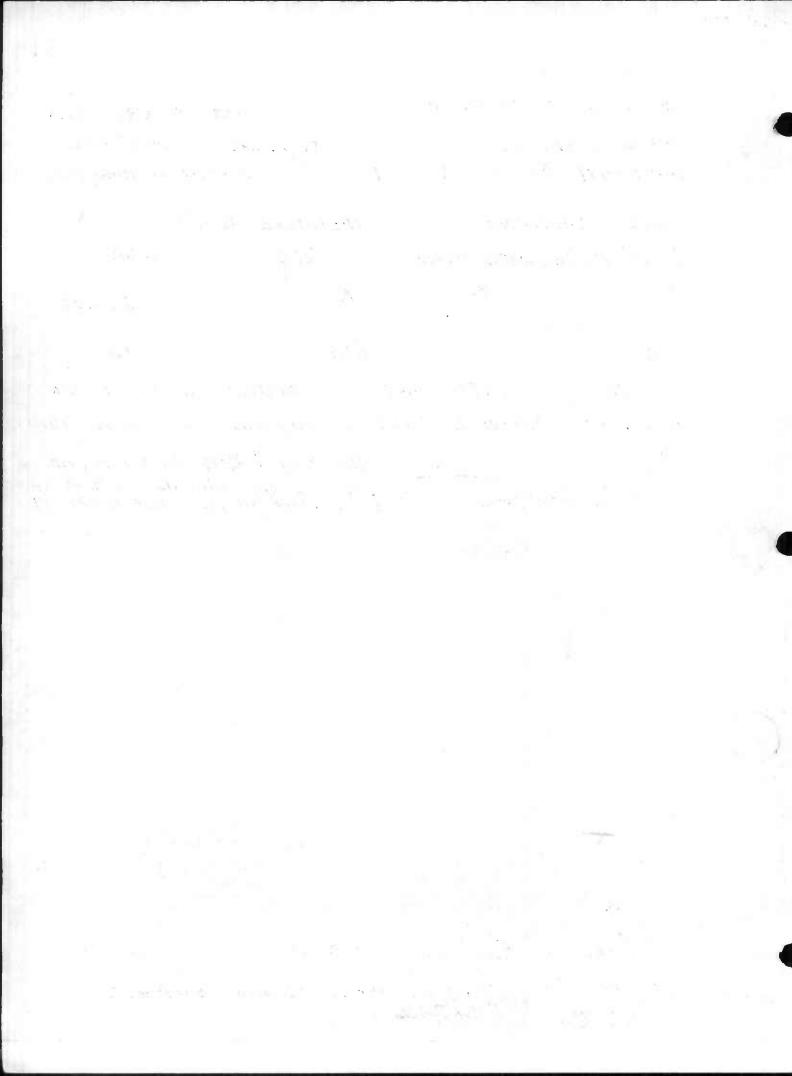
31. Dete filed (Month, Per Year) 4 1996

JULY

State Registrar



MEO FILM G-	738	8/15/96 t.t		Certifica	te of Death		Reg. No.		
C. Line		1. Decedent's Name (First, Middle, La	ast)	E 18 4 135		2. Date of Dea	ath		3. Time of Death
Physicia /Medic		JOSEPH R.	FITZGERALD	JR.		Month JULY	Day 16 10	Year 996	18:04 P
Examin		4e. Fecility Nama (If not institution, gir	ve street end number)		4b. City, Town, or	Location of Death		of Death	18.04 P
	3	1328 MCCULLOUG	GH ST.		BALTIN	ORE	BA	LTIM	ORE
Funeral		5. Social Security Number 6.	Sex 7. Age (In yrs. 1 ☑ M 2 ☐ F	Months	er 1 Yeer It Under 24 Hr	8. Date of Birt	h V. Yearl	9. Birthpla	ce (State or Foreign
Director		010-40-7011	IM ZUF	Yrs. 7		12-21	-1994	MAR	YLAND
and		Usuel Residence of Dacedent 10a. State 10b. County	10c. Ci	ity, Town or Location				100	d. Inside City Limits
Marylan f ahow	0				26 11. 0	- 1 -	/	100	1 X Yes 2 No
the Man 28a-fat	Director	MARYLAND BAL 10e. Street end Number	-TI MORE		BALTIMORE ip Code		10g. Citizen ot V	Albert Country	/ •
with Sa or	0		I LAMONE ST		212		1	SA.	/ *
-0020 hours effer death with the Maryland ural', or frems 23s or 28s-f show at Evament must be notified at	Funeral	11. Marital Status	12. Was Decedent Ever in U	J.S. 13. Was Dece		Specify Yes or No-		e - American	n Indian
or its	F	1 Never Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 🕱 No		edent of Hispenic Orlgin? (ecify Cuban, Mexican, Pue	rto Ricen, etc.)	Blac	k, White, etc	
5-0020	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:	1 ☐ Yes	2/2 No Specify:		Specify	BL.	ACK
5-0 72 ho	Completed	15. Decedent's E (Specify only highest gr	ducetion	16a. Decedant's Usu	ual Occupation ork done during most of we	orkina	16b. Kind of Bu	usiness/Indu	stry
ithin lithin Man	npi	Elementary/Secondary (0-12)	College (1-4or 5+)	life. DO NOT	usa retired)	nking	8 4 3	. / .	
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arylar should by and Menta merked imetic ev	2	JOSEPH		ERALD		FER I			
Ma d 2 st th end T la n traur		19a. Informant's Name/Relationship			s (Straat and Number or F				
Nore, Maryland ages 1 and 2 should be filed to of Health and Mental Hyg will file a 27 la merited other or other traumatic event,		A SENATH 20a. Method of Disposition	MITCHELL	Plece of Disposition (Na	110WOOD A	ENUE, C	ALTIMO	DRE MI	0. 21212
nor of or or or or or or or or or or or or or		1, Burial 2 ☐ Cremation 3 ☐							
Baltimore, bemit. Pages 1 a Depertment of Her important: If Item any Injury or othe	ŀ	4 ☐ Donation 5 ☐ Other (Special 21. Signature of Funeral September 21.	y) M7	ZION C	EMETERY	1-26-96	BALT	MORE	E, MD.
Ba Deem Depe Impo		21. Signature of uneral service copy	11)	JOSE Y	EMETERY nd Address of Fecility PH H. BRO N, FULTON de of dying such as cardia	WN JR.	FUNER	PA-L H	tomE, P.A.
		JAN SIU	win	2140	N. FULTON	AVE, BI	4LTIHOR	E, MO.	.21217
		Part1. Enter the disease, or comshock or heart tailure. List only	plications that caused the deet one causa on each line.	th. Do not enter the mo	de of dying, such es cardie	c or respirátory er	rest,	Îr	nterval Between
Physician / /Medical		Imma nata Cause (Finat							Onset end Death
Examiner		disease or condition resulting in death)	a. BLUNT FORCE IN.	JURIES COMPLIC	CATING MYOCARDI	TIS			
167	ē		Dua to (d	or as a consequence of)):				
uted Insit	Examine		b	5				i	
Box 68760, death certificate be executed e attending physician end effor use as the burial-transit	Exa	Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury	Due to (c	or as a consaquence of)	:				
68760, ificete be expression as the buria	ca	triat illitiated events	C. Due to (o	er as e consequence ot):					
rtifice ng ph	Medicai	resulting in death) Last	220,00						
Box eath cer attendir for use			d				- 200	-	
O. The dea	SICI	Part II. Other significant conditions of	ontributing to death but not res	ulting in the underlying	ceuse given in Part I.	23b. Did to	obacco use con	tribute to th	he cause of death?
G. T. Control	Physician					101	es 2 No	3 Probat	bly 4 Unknown
9 6	þ								<i>'</i> 3
8 69	ted					24a. Was a	in eutopsy med?	evaile	autopsy findings able prior to
0	Completed					+ 10		of de	oletion of ceuse eth?
of Vital R Physician: The ribis certificate h ral director, page	S					12(Y	es 2 No	120 V	res 2 No
ysician: The ysician: The director, pag	Re	25. Was cese reterred to medicel examinar?	Manada			ath (Check only or	ne)		
Physic ral direction	2	1 X Yes 2 No		ER/Outpatient 3□ D		lome 5XX esid			
Jung I	0	27. Manner of Death 1 Natural		44	28c. Injury at Work?	28d. Describe h			OR IFOT
Vision Attending or death. ector: After by the fune	Ica	2 Accident 6 Could not be	1 00MD // 10/50	4:30 PM	1 ☐ Yes XX No	SUBJECT ST			
Division of Vital Re or attending Physician: The after death. Director: After this certificate had in by the funeral director, page 2	Certification:	403 Homicide datermined	28e. Place of Injury - At he building, atc. (Specify	ND AT HOME	y, onice				CLONCHOST.
Hospital 24 hours 1 24 hours 1 4 tely filled		29a. Certifier 1□ Certifying Ph	vsician: To the best of my know	wledga, daath occurrad	at the time, date and place	2ND FLOOR,	ausa(s) and mar	nnor se state	nd
Me Ho	edical	(Check only 28 Medical Exam	niner: On the basis of examiner and mannar stated.	tion and/or investigation	, in my opinion, death occ	irred at the time, d	ate and place, a	ind due to th	e ceusa(s)
Division To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funeral		29b. Signeture end title of certifier		29	c. License number	2	9d. Date signed	(Month, De	y, Year)
		Theed	1180		O.C.M.E		JULY 1	7 19	96
		30. Name and address of person who	complated ceuse of/death (Item					,,,,,	- 0
		THE ODORE	M. KIA 111		nock D=34				201
State	-	31. Date tiled (Month, Day, Year)	32. Registrer's Signa	ture Still	eet, Balti	more, N	aryrar	10 ZI	201
Registra	r	1111 9 / 1006	1 dson-	Tana a					



Registrar DHMH 16 Rev 6/95

State

30. Name and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) D. KOREL

W

32. Registrar's Signeture

Kia Savidson

. . . 1

111 Penn Street, Baltimore, Maryland 21201

LARITO

JUL 24 1996

31. Dete filed (Month, Day, Year)

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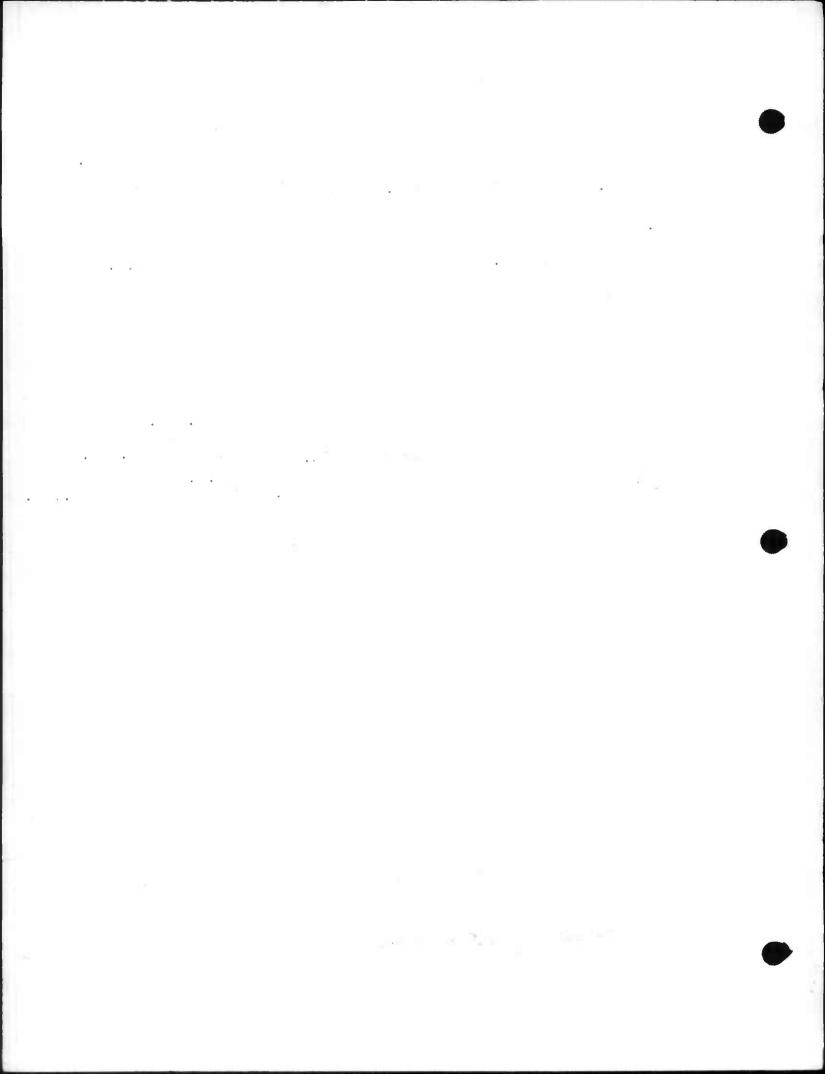
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1	-	FOR STATE REGISTR	AR
l ,	1. D	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH	_
	POSIE B. GATES JULY 19. 1940 MAM	М
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 2 16 - 12 - 71 76 0. 1 MONTHS DAYS HOURS MINN (Month, Day, Year) Country)	
	210-12-7170 1 M 2 XF 81 YRS. 1 MD 1 08 23 1914 MD	
_	9e. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	
DIRECTOR	VILLA ST. MICHAELS NURSING HOM. BALTIMORE N/A	
ក្ត	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10e. CITY, TOWH OR LOCATION 10d INSIDE CITY	
E C	MD. N/A BAITIMORE	
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?	_
R	4800 YELLOWOOD AVE. 21215 U.S.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No	_
	1 Never Married 2 Merried FORCES? 1 YES 2 NO II yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, White, etc.	
BY	3 Wildowed 4 Divorced Specify: Specify: BLACK	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	_
4	Elementary/Secondary (0-12) College (1-4 or 5+)	
MP	12 NURSE MEDICENE	
	17. FATHER'S NAME (First, Middle, Last) MARSHALL THOMPSON 18. MOTHER'S NAME (First, Middle, Melden Surname) EDNA MACKETT	
BE	LDIVA PIACKELL	
2	198. INFORMANT'S NAME (Type/Print) CLAUDIA SOLLER (NEICE) 199. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5507 WINTON AVE BALTIO, MD, 21207	
	DALITO, MD. 21207	
	1 Figure 2 Cremetics 3 Personal from State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 122. NAME AND ADDRESS OF EACH ITY	_
	E.L. PHILLIPS F/H	
_		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heert failure. List only one cause on each line. Approximate Interval Between	
	IMMEDIATE CAUSE (Final	
	disease or condition resulting in death) a. Carcindus Due to (OR AS A CONSEQUENCE OF):	
	DUE TO (OH AS A CONSEQUENCE OF):	
RITIFICATION	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):	_
3	cause. Enter UNDERLYING	
	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):	-
HI I	resulting in death) LAST	
2	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY FINDINGS	-
CAL	PERFORMED? AMAILABLE PRIOR OF CAUSE	
MEDI	OF DEATH?	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO VINCERTAIN	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check gmf) one)	-
2	EXAMINER? 1 YES 2 NO NORTH N	1
	27. MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 286. INJURY AT 284. DESCRIBE HOW INJURY OCCURED	-
1 2	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO	
	3 Suicide 8 Could not be 28e. PLACE OF INJURY At home, farm, street, factory, office 28ft, LOCATION (Street and Number or Rural Route Number	H
	4 Homicide Stermined City or Town, Stete)	
MPLEIEU	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated.	1
5	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and manner se stated.	
3	29b, SIGNATURE AND TITLE OF CERTIFIER 29c/LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year)	4
2	(11111111 M) 101000 1010000	
	10000 075777	_1
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	٦
		-



Type or Print in Black Indelible Ink. Assure All Copies Are Legible.				
State of Maryland / Department of Health and Mental Hygiene 96	2	7	9	4
Cartificate of Death				

					,	Certificate	of Death	h	Reg. No	o.			
			1. Decedent's Neme (First, Middla, La.	st)					ete of Deeth		3. Time of Death		
	Physic /Medi		MICHAEL HA	AS					onth De	19	96 16:40		
	Exami		4a. Facility Neme (If not institution, give	e street end number)			4b. City, T	Town, or Location	of Death	. County of I	Death		
			St. Agnes Hospi	tal .			Balt	imore	0	N/A			
	Funeral		5. Social Sacurity Number 6. S	ex 7. Age	(In yrs. lest bin	thday) If Undar 1	aar If Unda		ate of Birth Jonth, Day, Yaar		Birthplace (Stete or Foreign		
	Director		245 64 4650 ¹ Usual Residance of Decedent	⊠ M 2□ F	52	Yrs. Months D	eys Hours	Min. (Man	ch 12,1	944	North Carolina		
	/land		10a. Stata 10b. County		10c. City, Town	or Location					10d. Inside City Limits		
	Man Man	to	Maryland Anne Ar	undel	Glen	Burnie					1 ☐ Yes 2 ☑ No		
	1 the	rec	10a. Street and Number			10f. Zip Co	de		10g. Ci	10g. Citizen of Whet Country?			
	3a o	0	6420 Centennial	Circle A	Apt. A	21	21061			U.S.			
	deatl	Funeral Director	11. Marital Status	12. Was Decedent E	ver In U,S.	13. Was Deceden	of Hispenic O	orlgin? (Specify Y	as or No-		Amarican Indian,		
21215-0020	be filed within 72 hours after death with the Maryland tial Hygiene. dother than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at	by	1 ☐ Nevar Merrled 2 ☐ Merrled 3 ☐ Widowad 4 【X Divorced	Armed Forces? 1 ☐ Yes 2 🔯 N If Yes, Give Yaer or Dates:	0	13. Was Decedent of Hispenic Origin? (Specifi Yes, specify Cuben, Mexican, Puarto F			, etc.)	Specify:	White, etc. White		
2-0	2 ho	Completed	15. Decedent's Ed		16a.	Decedent's Usuel C	ccupation	and and considering	16b. K	16b. Kind of Business/Industry			
21	within 7 ene. then "r	pje	(Specify only highast gre Elementery/Secondery (0-12)	College (1-4or 5-	+)	(Giva kind of work of life. DO NOT use r	one dunng mo etired)	ost of working					
	d with giene.	Son		4 years		Warehouse	man		De	partme	ent Store		
pu	al Hygie	Be (17. Fathar's Nama (First, Middle, Last)				18. Moth	har's Neme (First					
/la	should be and Mental I marked of	To	J	ohn G. Haa	IS		lliams	5					
Maryland	s 1 and 2 should if Health and Mer Item 27 is marks other traumatic	-	19e. Informent's Neme/Relationship (Type, Print)	19b.	Meiling Address (S	reet end Numi	ber or Rural Rou	te Number, City	or Town, Ste	ere, Zip Code) 21061		
Σ	atth a 27 is tra		Brooks Arnold		64	120 Center	nial C	ircle Ag	ot. A	Glen 1	Burnie, Md.		
re	othe		20e. Method of Disposition		20b. Plece of	Disposition (Neme	of nleca)	Dat	e 20c. L	ocation - Clt	y or Town, Steta		
E	permit. Pages 1 and 2 Department of Health a Important: if Item 27 is any injury or other trax		1 ☐ Buriel 2 X Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification 5 ☐ Other (Specification 2)			Crematory		7/19	9/96 Ba1	timore	e, Maryland		
alti			21. Signature of Funeral Service Licen			22. Nama and A		ility	<u></u>				
ä			Gonce Funeral Home P 4001 Ritchie Highway Baltimore, Md. 21										
	_		231 Pert1. Enter the disease or com	ollcations that caused	the deeth. Do r					ie, M	Approximate		
	Physician		23 Pert1. Enter the disease or com shock, or heart feilure. List only	one ceuse on eech lin	θ.		o,g,		,,		Interval Between Onset and Death		
	/Medical	2	Immediate Cause (Final										
	Examiner		disaasa or condition resulting in deeth)	0.		ageal var	ices				hours		
		ē			ocar i i iliano	consequence of):							
	uted	edical Examiner		0.		holic liv	er dise	ease			years		
,	is a requires that the death certificate be executed as been signed by the attending physician and 2 should be detached for use as the burial-transit	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disease or Injury										
68760,	sicia bur	cai	Causa (Diseese or Injury that initieted events										
68	tificating phy as the	ed	rasulting In death) Lest										
X	certi	45											
Box	atte d for	cia	Doe it Other elections and titer -	and the state of t		Was I de la constant	Carrier and		on Middle				
P. O.	es that the death cer gned by the attendir the detached for use	Physician/	Pert fl. Other significant conditions of Hepatic enceph		t not resulting in	the undarrying caus	e given in Pen	11. 2			bute to the cause of death? Probably 4 Unknown		
	that led b		перасте епсери	alopathy					1 ∐ Yss :	2LINO 3	Probably 4 Unknown		
ital Records	ulnes and bit	d by						2	4e. Wes en euto	opsy 2	24b. Were autopsy findings		
8	been a	lete							performed?		available prior to completion of cause		
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5	or of the control of	Be	25. Wes case referred to medical axaminer?	Hospitel:			Othor	ce of Deeth (Che					
뉍	0	ဥ	1 ☐ Yas 2 ☒ No 27. Manner of Death	1 251 Iripatiar		tpatient 3 DOA	401	Nursing Home 5					
Ę	2 4 5	0	1 SNeturel 5 ☐ Pending	28a. Dete of Injury (Month, Day	Year) 286. I		Injury et Work?		escribe how inju	iry occurred			
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	pital or ours ath eral Dir filled in	0											
	Home Parts fely I	edicai	29e. Certifier (Check only one) 10 Certifying Phy 2 Medical Exam	vaician: To the best of iner: On the basis of	examinetion end	, deeth occurred et t Vor Investigetion, in	ne time, dete e my opinion, de	end place, end du eth occurred et t	ie to the ceuse(s he time, dete en	 end menned plece, and 	er es steted. I due to the cause(s)		
	To the Hospital of within 24 hours at To the Funeral D completely filled	Me							occurred et the time, dete end place, and due to the cause(s) 29d. Dete signed (Month, Day, Year)				
	F 3 F 8		VIII										
			The the			D30	802		Jul	y 17,	1996		
			30. Neme end eddress of person who										
			Jean M. Colandrea 31. Dete filed (Month, Day, Year)	, M.D. – S	t. Agne	s Hospita	1 - 900	O Caton	Ave., B	altimo	ore, Md. 21229		
	Sta Registr			32. Hegistra	r's Signature	della							
	negisti	ш	JUL 24 1996	0	Variation I.								

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

item #24a, filmg 737, State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Beg. No.

nysician Medical	CHARLOTTE BURNETT HALE								2. Dete of Dec Month JULY	Dev Year		3. Time of Death 5:35 P.1
caminer neral	4	210-32-4440	ccy Hospice	(In yrs. lest	birthdey) Yrs.	if Under 1 Year Months Deys	Balti If Under:	more	ation of Death 3. Dete of Birt (Month, Da AUG . 2	N/ h y, Year)	A 9. Birth	olece (Stete or Forei ntry) yland
14		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, To	own or Loc	ation						10d. Inside City Limi
Director	2	Maryland N/A		Bal	timor	ę						1 N Yes 2 □ N
Dire o	5	10e. Street end Number 715 N. Port Stree	L			10f. Zip Code			10g. Citizen of Wh			ntry?
Examiner must be notified at by Funeral Director	Uniera	11. Maritel Stetus 1 □ Never Merried 2 ☑ Merried	12. Was Decedent Ev Armed Forces? 1 Yes 2 No		13. W	21205 /es Decedent of l Yes, specify Cub	Hispanic Origin? (Specify Yes or Noben, Mexican, Puerto Rican, etc.)			United States No- 14. Rece - American ind Bleck, White, etc.		can indien,
Evan by	2	3 Widowed 4 Divorced	if Yes, Give Yeer or Detes:		1	☐ Yes 211 No	Specify:			Specify	Bla	ick
r, the Medical Exam		15. Decedent's Ed (Specify only highest gra	ducation ide completed)	10	6a. Decede	ent's Usuel Occu and of work done O NOT use retire	pation during most	of working	7	16b. Kind of B	usiness/in	dustry
omp	2	Elementery/Secondery (0-12)	College (1-4or 5+)		sekeepir						
Be C		17. Fether's Neme (First, Middle, Last))		1100	Dencepin		r's Neme (me (First, Middle, Meiden Surneme)			
To	2	Owen Gardner					Al:	ice J	Jackson			
man d		19e. tnforment's Neme/Reletionship (1 Joseph McPherson	Type, Print)		19b. Malling Address (Street end Number or Rural Route Number, City or Town, State 150 Carver Road, Baltimore, Maryland 21							
any injury or other traumatic event, the Medical since. To Be Completed	-	20e. Method of Disposition	of Dispos	ition (Neme of		arcım	ore, M	aryland 20c. Location -				
		X Buriel 2 Cremetion 3 4 Donetion 5 Other (Specific	KIN		etony or other ple MORIAL	7	-18	RANDA	LLST	OWN, MD		
dan lical		23a. Pent1. Enter the disease or communication of heart feiture. List only	plicetions thet caused the cause on each line	he deeth. E	110	arch Fundon Fundon Fundon Fundon Fundon Fundon Fundo F	rth A	renue	, Balt respiretory er	imore, l	MD_2]	Approximate Interval Between
KASIMIII	- 1	Immediate Cause (Final disease or condition	METASTIC	C BREZ	AST C	ANCER						4 YEARS
iner		Immediate Ceuse (Finel disease or condition resulting in deeth)	е	C BREA								
riel-transit	Lyammer	disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events	b	ue to (or es	a consequ	uence of):						
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al director, page 2 should be detached for use as the buriel-transit To Be Completed by Physician/Medical Examiner	Total Collingian College of the Collingian C	disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Pert II. Other stgnificent conditions or examiner? 1	b. D c. D d. D montributing to death but Hospitel: 1 Inpatient 28e. Dete of Injury (Month, Dey 1) 28e. Plece of Injury building, etc.	ue to (or es ue to (or es ue to (or es not resulting 2 □ ER/ Year) 281 y - At home, (Specify) my knowlec xaminetion	e conseque e conseque	Jence of): Jence	26. Place her: 4 Nurry at 1/4? Yes 2 1/4	of Deeth (rsing Home) 28 No 28 d plece, enh occurred	23b. Did to 1 1 2 2 4 e. Wes performance 5 Resided. Describe to 2 6 2 6 2 6 2 6 2 6 2 6 2 6 2 6 2 6 2	yea 2 No en eutopsy med? Yes 2 No one) STELL dence 6 Noth now Injury occur Street end Numb vn, State) cause(s) end ma dete end plece,	24b. We co of 11 A MA. er (Special red anner as a and due to do (Month,	o the cause of dea bably 4 Unkn ere autopsy finding reliable prior to implation of cause death? Yes 2 No RIS AT ME fy) HOSPICE al Route Number, siteted. o the cause(s) Day, Year)
tely filled in by the funeral director, page 2 should be detached for use as the burist-transit II cal Certification: To Be Completed by Physician/Medical Examiner	The state of the s	disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Pert II. Other stgnificent conditions or examiner? 1	b. Do c. Do d. Do d. Do pontributing to death but Do d. Do	ue to (or es ue to (or es ue to (or es not resulting 2 □ ER/ Year) 281 y - At home, (Specify) my knowlec xaminetion ad.	e conseque e conseque	Jence of): Jence	26. Place her: 4 Nu lry at lry at 2 I here opinion, deet	of Deeth (rsing Home) 28 No 28 d plece, enh occurred	23b. Did to 1 1 2 2 4 e. Wes performance 5 Resided. Describe to 2 6 2 6 2 6 2 6 2 6 2 6 2 6 2 6 2 6 2	yea 2 No en eutopsy med? Yes 2 No one) STELL dence 6 Noth now Injury occur Street end Numb vn, State) cause(s) end ma dete end plece,	24b. We co of 11 A MA. er (Special red anner as a and due to do (Month,	o the cause of deal bably 4 Unknown of cause death? Yes 2 No RIS AT ME fly) HOSPICE

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3 Time of Death Month Vaar **Physician** 8:40A Walter OWIC 1996 23 /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** JOSEPH RITCHIE HOSPICE BALTIMORE BALTIMORE, CITY 7. Aga (In yrs. last birthday) If Under 1 Yaar If Under 24 Hrs.

Months Days Hours Min. 9. Birthplaca (Stata or Foreign Country) NORTH CAROLINA 5. Social Sacurity Number 8. Dete of Birth (Month, Dey, Year) 1/10/1900 **Funeral** Days 1**X**XM 2□ F 218-07-7513 96 Yrs. Director Usual Residence of Decedent permit. Peges 1 and 2 should be filled within 72 hours effer death with the Maryland Department of Health end Mentel Hygiene. Important: if Item 27 is marked other than "naturel", or items 23s or 28s-f show any injury or other traumatic event, the Medical Evantine must be notified at 10a. Stete MARYLAND BALTIMORE, CITY 10c. City, Town of Location E 10d. Inside City Limits 1 Yas 2 □ No Director 10f. Zip Code 10e. Street and Number 10g. Citizen of Whet Country? U.S.A. 21223 1010 WEST BALTIMORE STREET APT.504 Funeral 11. Maritei Status 12. Was Decedent Ever In U.S. 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indien, Armed Forces? 1 ☐ Yes 2 ☑ No If Yas, Giva Bleck, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 Specify: BLACK 1 ☐ Yes 2 No Specify: by 3√ Widowed 4 Divorced Yeer or Dates: Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) GOVERMENT HOSPITAL 12 PORTER 0 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be MARY HOWIE 2 HENRY HOWIE 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARY CHEESEBORO (DAUGHTER) 1010 WEST BALTIMORE STREET BALTIMORE, MARYLAND 21223 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Removei from State MOUNT ZION CEMETERY 7/27/96 LANSDOWNE, MARYLAND 4 ☐ Donation 5 ☐ Other (Specify) 21, Signature of Eugeral Service Licensee 22. Name and Address of Facility FUNERAL HOME PA. 1300 EUTAW PLACE BALTIMORE, MARYLAND 21217 23a. Part 1. Emer the disease, or complications that caused the death. Do not antar the mode of dying, such es cardiec or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximate Intervel Between Onset and Deeth Physician immediata Cause (Finel diseese or condition resulting in deeth) /Medical 5 468 METASTATIC CARL. JOHA OF PROSTATE Examiner Due to (or es e consequence of): Physician/Medical Examiner law requires that the deeth certificate be executed attending physician end for use as the burial-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Due to (or es e consequence of) P.O. Box 68760, thet Initieted events resulting in deeth) Lest Dua to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ULIJANY TRACT INFECTION 2° 035-RUCTIVE UZOPATRY Records, by 24a. Wes an autopsy performed? 24b. Were eutopsy findings available prior to completion of cause of death? Completed peen PARAPLEGIA 2° METASTATIC SPIJAL COED GARRESSION as 1 ☐ Yas 2 No 1 ☐ Yas 2 No 919 Vital 25. Wes case referred to medical examiner? Be 26. Piace of Death (Check only one) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yas 2 No After III 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: Division 5 Pending Investigation 1 Neturei 1 Tyes 2 🗆 No 2 Accident ector: filled in by the 6 Could not be determined 3 Sulcida 28e. Piece of Injury - At homa, ferm, straet, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide ò Hospital 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pieca, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end piace, end due to the cause(s) end menner steted. 29a. Certifier To the Hosp within 24 hou To the Fune completely fi (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dev. Year) D 12399 JULY 24, 1996

820 N. ELTAN ST

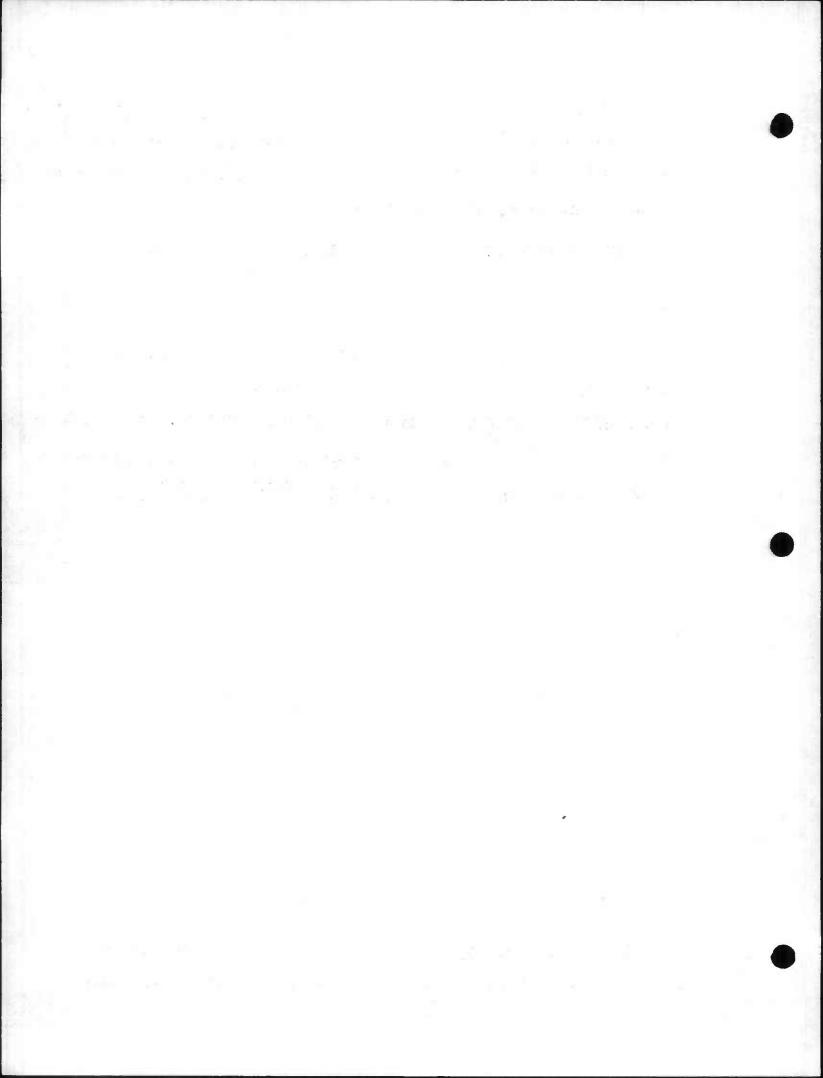
BALTIMONE, m)

21201

State Registrar

O'DONNAY J. R. RICHIE HISPAGE 31. Data filed (Month, Day, Year) Julia Javi Con-Aurosa JUL 24 1996

oncon (m) 30. Name end eddress of person who completed cause of deeth (item 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Certific	ate of	Death		Reg. No.			
	6.5.		Decedent's Neme (First, Middle, I	ast)					2. Dete of De			. Time of Death	
	Physici /Modi		CORA	Estelle		HAR	RISC	N	JULY	22 19	96 7	:40 AM	
}	/Medio Examir		4a. Fecility Neme (If not Institution, g	ive street end nu	m <i>ber</i>)			4b. City, Town, or l			ty of Death	. 10 1111	
6	Exami		ST. JOSEPH M	EDICAL	CENTER			TOWS		ВА	LTIMOR	E	
l i	Funeral Director		217-12-7503	Sex 1 □ M 2 □ □ ¥	7. Age (In yrs. lesi 72	Yrs. If Ur Mont	hs Dey		8. Date of Bir (Month, De Dec 23	1923	9. Birthplece Country) Maryla	(Stete or Foreig	
	yland		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, T	own or Location		<u> </u>				Inside City Limits	
	Ba-fal	ctor	Maryland Baltin	ore		Towson						1 □ Yes 2 No	
	ath with th	Funeral Director	10e. Street and Number 8317 Pleasant Pl				10f. Zip Code 21286			U	Whet Country?		
	be filed within 72 hours and that Hygiene. Ind other than "naturel", onevert, the Medical Exp.		11. Maritel Stetus 1 ☐ Never Married 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced	Armed Fo	2⊡ No ve		ecedent of specify Cu s 2000	Hispanic Orlgin? (Siben, Mexicen, Puerto Specify:	pecify Yes or No o Ricen, etc.)	Speci	Rece - American Indien, Bleck, White, etc.		
2200 01 = 1 = minut			15. Decedent's (Specify only highest g	Education trade completed)		6e. Decedent's U (Give kind of life. DO NO	work don	done during most of working			Business/Indust		
i			12			Hor	nemak	er		In Ow	n Home		
			17. Fether's Neme (First, Middle, La	*						, Middle, Melden Surneme)			
			James L. Shi					Emma	E. Rich	ardson			
			19e. Informent's Neme/Reletionship Ruth Hull (Siste					et end Number or Ru it Plains					
	or oth		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3	☐Removel from	com	e of Disposition (etery, cremetory	Neme of or other pi	lece)	Dete	20c. Location	- City or Town,	Stete	
	permit. Pages 1 and Department of Health Important: if Nem 27 any injury or other tr once.		21. Signeture of Funeral Service Vice 23a. Pert1. Enter the disease, or co shock, or hand failure. List on	ensee		D	end Add	ress of Fecility	wal Ham			aryland 211	
	Physician		0	mplications in the day one ceuse on e	caused the deeth. I each line.	Do not enter the r	node of dy	/Ing, such es cardiac	or respiretory e	orrest,	Ap Inte	proximete erval Between set end Death	
	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting in deeth)	e ACUI	E CEREB	ROVASC	ULAR	ACCIDEN	IT		1	WEEK	
	D E	Iner		DIAE	Due to (or es	LLITUS	of):					YEARS	
	execute an and rial-tran	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury									YEARS	
, 00100 v	sath certificate be executed attending physician and for use as the bunal-transit	Medical	Cause (Diseese or injury that initiated events resulting in deeth) Lest	c	Due to (or as	e consequence	of):	***					
		Physician/	Pert II. Other significant conditions	contributing to d	eath hut not resulting	og In the underlyin	ng cause o	iven in Pert f	23h Did	tobacco use c	ontribute to the	cause of death	
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	law requires that the as been signed by the e 2 should be detach	Completed by							24a. Wes	performed?		autopsy findings ble prior to etion of cause th?	
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	를 들는 다	ertific	3 Sulcide 8 Could not determine	d 288. Piece	28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Fig. City or Town, Stete)							ute Number,	
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	Tothin	X	29b. Signeture end title of certifier				29c. Licer	nse number		_	ed (Month, Dey		
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	4		30. Name and address of person who NATIVIDAD D.	DELEON	e of deeth (Item 23	7620 Tope, Print)	ORK	ROAD. T	OWSON				

Registrar

State

31. Dete filed (Month, Dey, Year) JUL 24 1996

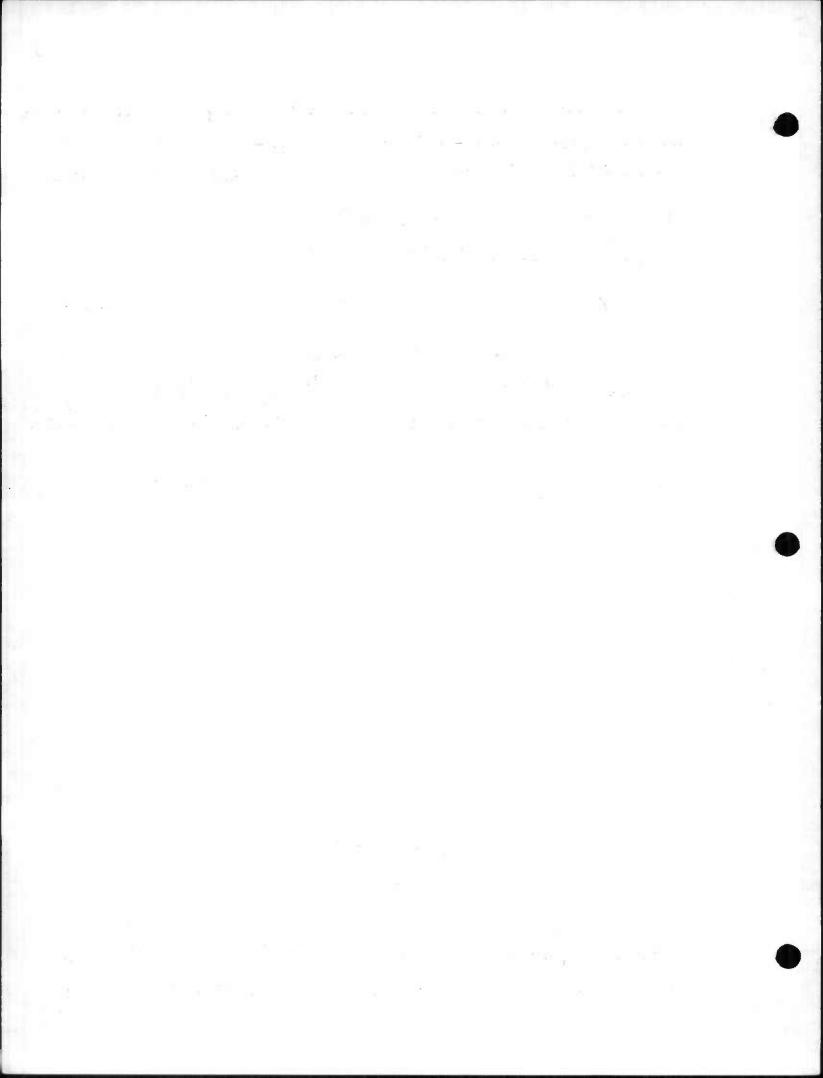


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State of Maryland / Department of Health and Mental Hygiene

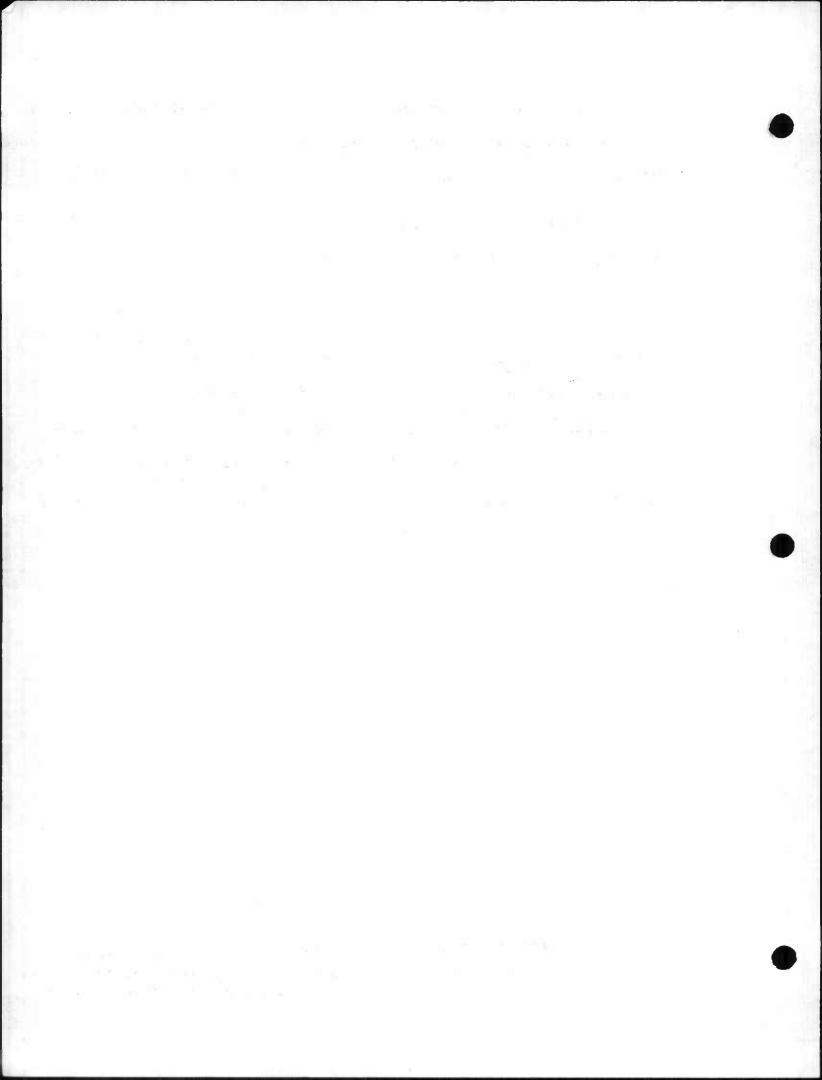
Certificate of Death 1. Decedant's Nama /First, Middla, Last. 2. Data of Death 3. Tima of Death Month Day **Physician** Yaar (JERALDING July 21,1996 5:30 pm Joyce Johnson /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Johns Hopkins Bayview Medical Center Baltimore NA If Under 1 Year If Under 24 Hrs. 8. Data of Birth

Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign **Funeral** 1□M 20XF Mar. 24,1945 212-44-7243 Director Usual Rasidanca of Decedant permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Meryland Department of health and Mertel hygiene. Important: If item 27 is marked other than "natural" or 25 and 15 10a. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 1 Yas 2 No MD NA BALTIMORE Directo 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21216 2211 ELSINORE NUE YSA Funeral 14. Race - Amaricen indian, Black, Whita, atc. 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritai Status 1 Nevar Married 20 Married 1 ☐ Yas 2 No Black 1 ☐ Yas 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: Completed 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada complated) JOWEN CIO Elamantary/Secondary (0-12) Coliaga (1-4or 5+) Seif Employed SALESPESON 12+4 343NE 18. Mothar's Nama (First, Middla, Maiden Sumama) 17. Fathar's Nama (First, Middla, Last) William TORBES NEWTON ATTIE Barysoft 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 2211 ELSINDRE AUE. BACTO. Md. 21216 ONGWORTH -NOSUHOL 20b. Piaca of Disposition (Nama of cematary, cramatory or other place 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Buriai 2 Cramation 3 Ramoval from Stata 7-26-96 T GOD ENAGGAX 4 □ Donation 5 □ Othar (Specify) ING MEMORIAL YARK of Funarai Sarvice Licensee 22. Nama and Addrass of Facility trang-West FUN eral March 51512 4300 Watersh Part Enter the Visaasa, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Betwe Onsat and Death **Physician** /Medical Immediata Causa (Finai a sepsis disaasa or conditior rasuiting in daath) Examine Dua to (or as a consequence of): Examiner b. renal failure maguires that the death certificate be executed physician end s the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last Dua to (or as a consequence of): Records, P.O. Box 68760, exfoliative dermatitis Physician/Medical Due to (or as a consequance of) 98 Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? been signed by the should be detached 1 ☐ Yes 2 No 3 Probably 4 Unknown þ Completed 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of cause of death? Mil ste has Dage 2 : 1 Yas 2 No 1 ☐ Yas 2 X No of Witah Be 25. Wes casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Inpatiant Certification: To 2 ER/Outpatient 3 DOA 28a. Data of injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28d. Dascribe how injury occurred 28c. injury at Work? Division 1 MNaturai 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be detarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicide ofter Dire Hospital 24 hours 29a. Cartifiar 1 Certifying Physician: To tha best of my knowledge, deeth occurred at tha tima, data and placa, and dua to tha causa(s) and mennar as stated. To the Hosp within 24 hor To the Fune completely fi 2 Medical Examiner: On the basis of examination end/or invastigetion, in my opinion, deeth occurred at the time, date end plece, end due to the cause(s) and manner stated. 29b. Signature and title of cartifiar 29c. Licensa number 29d. Date signed (Month, Day, Year) N5444 July 22,1996 30. Name end addrass of person who compiated causa of daath (item 23e) (Type, Print) Johns Hopkins BAyview Medical Center WytchwoolCt # 202 Baltimore MD 4940 Eastern Avenue, BAltimore, MD 31. Data filad (Month, Day, Year)

Registrar

State

32 Registrar's Signatura Julia Davidson-Aundale



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey 10:59 a.m. George Washington JARVIS July 20, 1996 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Franklin Square Hospital Rossville Baltimore 6. Sex 1 ☑ M 2 ☐ F If Under 24 Hrs. Hours Min. 5. Sociel Security Number If Under 1 Yeer 8. Dete of Birth (Month, Dey, Year) 12/20/24 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) Months Deys Yrs 236-28-1993 71 West Virginia Usuel Residence of Decedent 10c. City, Town or Location 10a, Stete 10d. Inside City Limits Maryland Baltimore Dundalk 1 ☐ Yes 2 X No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21222 7800 St. Gregory Drive United States 12. Wes Decedent Ever in U,S. Armed Forces? 11. Merital Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. 1 Never Merried 2 Merried 1 Wes 2 No WW II White 1 ☐ Yes 2 ☐XNo Specify: 3 ☐ Widowed 4 ☑ Divorced Yeer or Detes: 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Welder 8 years Steel 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Jessie G. Jarvis Nancy E. Jenkins 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Patricia A. Staggs (Stepfather) 1516 Eagle Rock Road Wendell, N. C. 27591 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 Donotion 5 DOther (Specify) Entombment Holly Hill Mem. Gardens 17/23/96 Baltimore, Maryland 21. Signeture of Funerel Service Licansee 22. Neme end Address of Fecility Duda-Ruck Funeral Home of Dundalk, Inc. 23a-Panti. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

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Approximately, 171 Approximete Interval Between Onset and Deeth Immediate Cause (Final disease or condition resulting in deeth) e Sepsis 36 hours Due to (or es e consequença of): Renal Cell Cancer with Metastasis Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury Due to (or es e consequence of): thet initieted events resulting in deeth) Lest Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings svelleble prior to completion of cause of death? 24e. Wes en eutopsy performed 1 ☐ Yes 2 🖾 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 1 N Inpatient 2 □ ER/Outpetient 3 □ DOA 27. Menner of Deeth 28e. Dete of injury (Month, Day Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 1 X Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, offica bullding, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) and menner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the cause(s) end menner steted. 29a. Certifier (Check only one) 29b. Signature end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) (HAQUE, M.D. makapie 7/20/196

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Baltimore, Maryland 21237

31. Dete filed (Month, Dey, Year) State Registrar

Physician

/Medical

Examiner

Funeral

Director

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Division of Vital Records, P.O. Box 68760.

Examiner

Baltimore, Maryland 21215-0020

Funeral

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Physician/Medical Examiner

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Certification:

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9000 Franklin Square Drive Dr. M. Emdadul Haque Registrer's Signeture Latiasen

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

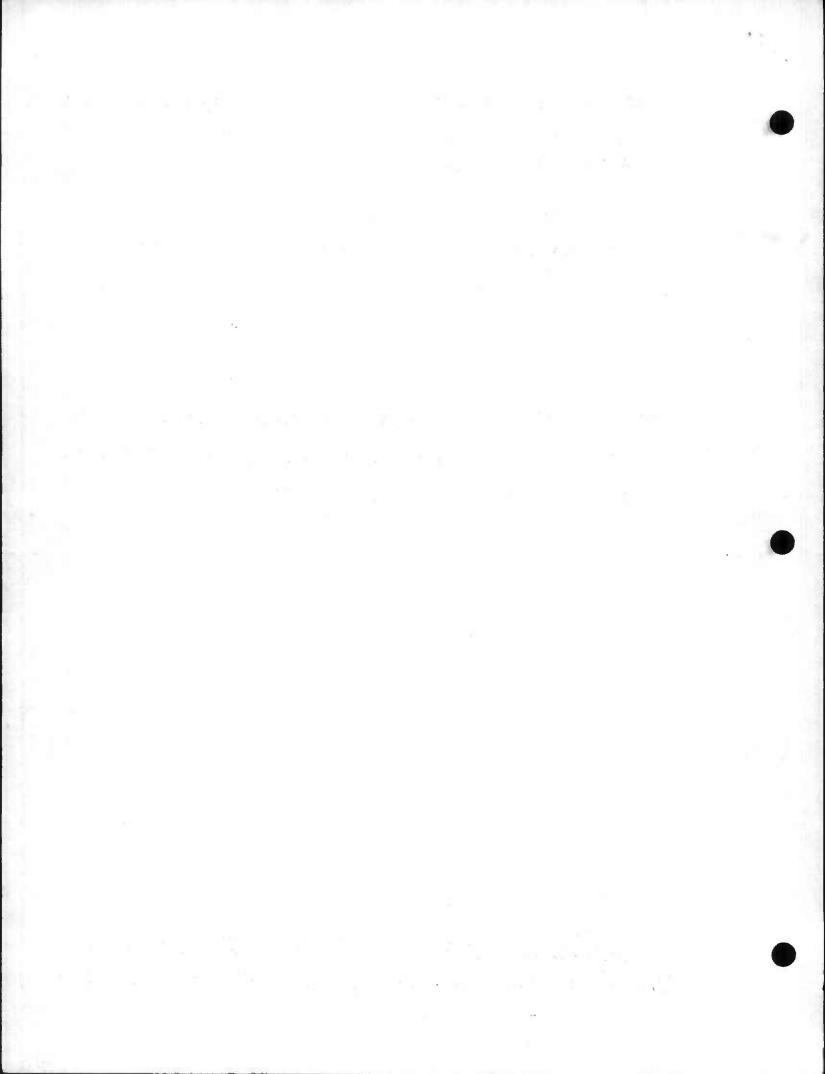
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State of Maryland / Depa	rtment of Health	and Mental Hygiene
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	uneral rector			Sex 7. A 1 ☑ M 2 □ F	ga (In yrs. lest bir 38	thday) Yrs.	If Under 1 Yaar Months Deys	If Undar Hours	24 Hrs. Min.	8. Dete of Birth (Month, Dey, 05 13	Year) 58	9. Birthp Coun Mar	lece (Steta or Foraign try) yland	
Manyland	r 28a-f show	tor	10e. Stata 10b. County 10h. N/A	A	10c. City, Town							1	0d. Inside City Limits	
h with the	23a or 28a sust be not	al Direc	10e. Street end Number 1226 Steelton	n Avenue	-1		10f. Zip Code 212	24		10	og. Citizen of US		ntry?	
5-0020 72 hours after deeth with the Maryland	or items	Be Completed by Funeral Director	11. Marital Status 11 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Deceden Armed Forces 1 Yes 2 If Yas, Giva Yaer or Datas:	? I No	It '	las Decedent of Nas, specify Cub	an, Mexicar	gin? (Spe n, Puerto	ecity Yas or No- Rican, etc.)	Bla	14. Raca - American Indien, Black, Whita, alc. Specify: White		
2121 d within giene.	er than "natural", . In Medical Ext	Completed	15. Decedant'a E (Specify only highest gr Elementery/Secondery (0-12) 1 0			(Give k.	int's Usual Occup ind of work dona O NOT use retire	pation during mos d)	t of worki	ing	16b. Kind of Businass/Industry Construction			
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Baltimore, M permit. Pages 1 end 2 Department of Heelth 6	mportant: if item 27 is marked other tha any injury or other traumatic event, the ance,		20e. Method of Disposition 1 ☐ Burlai 2X☐ Cremetion 3 [4 ☐ Donetion 5 ☐ Other (Speci				ition (Neme of etory or other ple Iount C	rema	tory	7-23-	96 Ba			
Ball permit Depart	any in		21. Signature of Funerel Sarvice Lice	D. Zele	~ \	Ch		S. Z	eile	er & So				
/Me Exa	sician edical miner	aminer	23a. Pert1. Entar tha disease, or conshock, or haert tailure. List only Immediate Cause (Final disease or condition resulting in deeth)	e	Due to (or es e	Consequ				Medici		2	Approximata Inferval Between Onsat and Death	
Box 68760, ath certificate be assecu	(c) by the ettending physician end deteched for use as the burial-transit	an/Medical Examiner	Sequantially list conditions, if eny, leeding to Immadiate cause. Enter Underfying Ceuse (Disease or injury that initiated events resulting in daeth) Last	ATION										
P.O. Bo	med by the ett	y Physicia	by Physician	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. Honting 10.05 Visease								23b. Did tobacco uss contributs to the cause of		
ecords,	an peen signature of the state	Completed	/							24e. Was er perform	n eutopsy ned?	avi	are eutopsy findings allable prior to mpletion of cause death?	
of Vital B	ceftificate irector, page	Ве Сош	25. Wes case referred to medical exeminer?					26. Plece	ot Deet	1 ☐ Ya		10	Yes 2 No	
> olev	this ce	2	NO Yas 2□ No	Hospitel: 1 Inpat	lent 2 ER/Ou	tpatient	3□ DOA Oti	her: 4□ Nu	irsing Ho	me 5 Reside	nce 6 🗆 Ott	ner (Specif	y)	
E 8	To the Funeral Director: After this cefulic completely filled in by the funeral director,	Certification:	27. Menner of Deeth 1 Neturel 5 Pending Investigetic 3 Suicide 6 Could not t 4 Homicide	28e. Place of In	ICICII /	<u>~</u>		ryat rk?]Yes 2.↓	No	28d. Describe ho Supre 28f. Location (Str. City or Town	T {	119	il Route Number,	
Division To the Hospital or Attendi	Funeral Di tely filled ir	edical Cer	(Check only 2 Medical Exa	hysician: To the best minar: On the basis o	ot my knowledge	, deeth d	occurred et the ti	me, dete en opinion, dee	d plece, o	end due to the ce ed et the time, de	ouse(s) end mate end plece,	anner es si	leted.	
To the within 2	To the comple	Med	29b. Signetura and title of certifier	end manner s	MN		29c. Licans	sa number	735	7 25	9d. Deta signe	ed (Month,	Day, Year)	
			30. Name and address of person who Michael (Month, Day, Year)	completed cause of	deeth (Item 23a) (Type, P	rint)	20	#41	11 Ba	timos	7	MD 21218	
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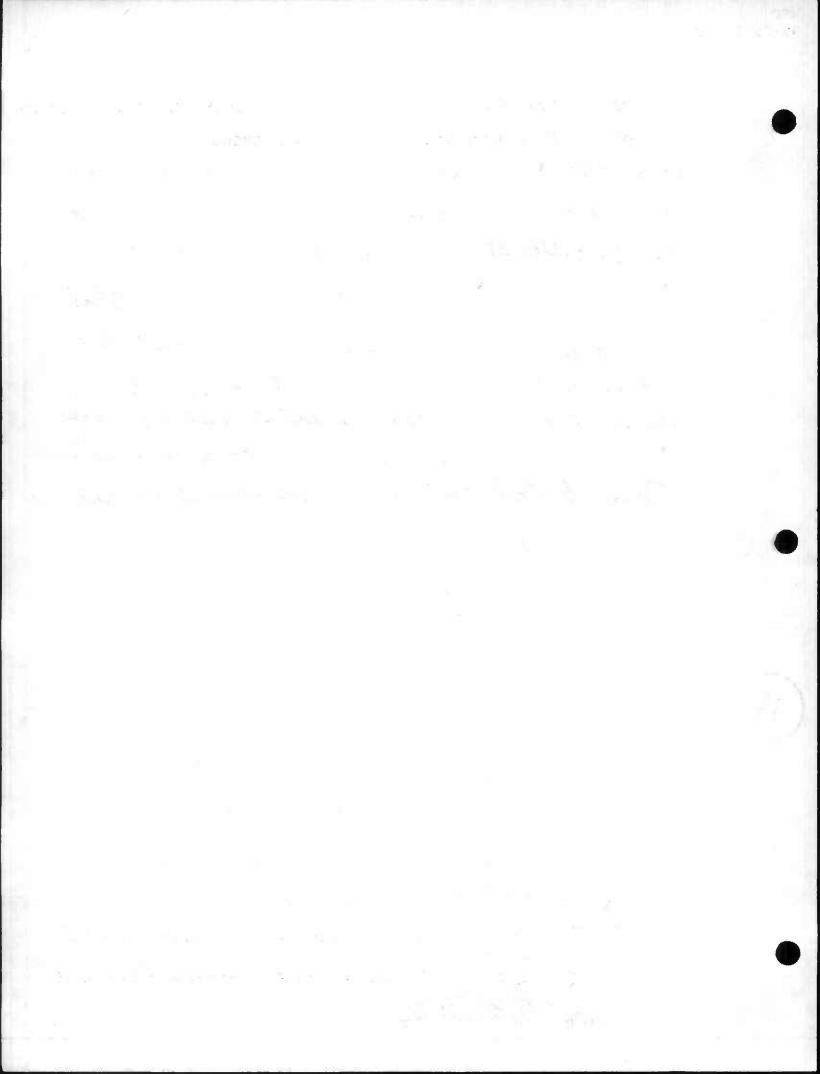
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State of Maryland / Department of Health and Mental Hygiene

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Funeral Director			Sex 7. Age (In y. 10 M 2□ F 2		If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, Da		9. Birthp Coun	lece (State or Foreign try)
n the Maryland r 28a-f show notified at	tor	10e. State 10b. County		City, Town or Locat	tion				1	0d. Inside City Limits
th with the 23a or 28a	Funeral Director	10e. Street end Number	Lle ST		10f. Zip Code	2		10g. Citizen of N		try?
tar dea items	by	11. Meritel Status 1 Nover Married 2 Married 3 Widowed 4 Divorcad	12. Was Decadent Ever in Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Detes:	If Y	,, -	Hispenic Origin? (S an, Mexican, Puert	pecity Yes or No o Rican, etc.)	- 14. Rad Bled Specify	ca - America ck, White, ov:	
15-00:	eted	15. Decedent's E (Specify only highest gra	ducation	16e. Deceden	t's Usual Occup	petion	kina	16b. Kind of B	usiness/ind	lustry
Aaryland 21215-0020 2 should be filed within 72 hours af and Mental Hygiena. Is merked other than "natural", or aurmatic event, the Medical Exam	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)		NOT use retire	during most of world)	NIII	EONT	3001	Tor
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tore, Maryland 212 gas 1 and 2 should be filed withi tr of health and Mental Hygiana. If item 27 is marked other than or other traumatic event, In.		19e. Informant's Name/Reletionship (-	19b. Melling A	Address (Street	end Number or Ru	ral Route Number	er, City or Town,	State, Zip	Code)
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Baltim pemit. Pag Department important: I any injury once.		21. Signeture of Funeral Service Licer			eme end Addre	ss of Fecility	Hone			500
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K 68760, artificate be executed Examine and ing physician and as the buriel-transit	Medical Examiner	Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet Initiated events resulting in death) Lest	b. — Due to	(or es e consequer	nce of):	shor l	NUUNC	.		
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detached 7	Physician/	Part II. Other significant conditions of	ontributing to death but not re	esulting In the unde	rlying cause giv	ren in Pert I.	23b. Did 1			the cause of death?
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To the Hospital e within 24 hours a To the Funeral completaly filled	edical (29e. Certifier (Check only one) 1 Certifying Ph 2 Medical Example 1	ysician: To the best of my kr niner: On the basis of examir end menner steted.	nowledge, deeth oc	curred at the tir	ne, dete end plece.	end due to the	cause(s) end me dete end plece, a	nner as ste	eted. the cause(s)
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		30. Neme and eddress of person who a	completed cause of deeth (Ite	em 23e) (Type, Prin 111 Peni	n Stre	et, Bal	timore	, Mary	land	21201
Sta Registr		31. Dete filed (Month, Day; Year)	Registrer's Sign	neture						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Deta of Death 1. Decedant's Name (First, Middle, Last) 3. Time of Death July 20, **Physician** 8:15 PM Frank Junior 1996 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 4420 Woodlea Ave. Baltimore N/A If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. NOV. 1937 937 5. Social Sacurity Number 7. Age (in yrs. last birthday) Birthpiece (Stata or Foreign Country) **Funeral** 1⊠M 2□ F 58 212-36-6555 Yrs. Director Ohio Usuai Rasidence of Decedent death with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits Show r than "natural", or items 23s or 28s-f show the Wedical Examiner must be notified at N/A Md. 1 Vas 2 □ No Director Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 420 Woodlea Ave. 21206 USA 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 11 Marital Status 12. Was Decedent Ever in U,S. Armed Forces? 14 Rece - American indian Bleck, Whita, atc. Med within 72 hours after 1 ☐ Never Merried 2 ☐ Married 1 Yas 2 □ No If Yes, Give altimore, Maryland 21215-0020 1 ☐ Yes 🎖 ☐ No Specify: Specify: White à 3 □ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Hygiene. College (1-4or 5+) 12 yrs. Truck Driver Paper Goods 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meidan Sumeme) Be Pages 1 and 2 should be sent of Health and Mental int: if item 27 is marked o Jesse Lamb 0 Maude Banks i and N 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) Betty Lou Lamb Wife 4420 Woodlea Ave. Baltimore, Md. 21206 20b. Piece of Disposition (Nema of cemetery, cremetory or other place)
Metro Crematory 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) 6 permit. Page Deperment of Important: If any Injury or once. 7-24 Baltimore 21. Signatura of Funarel Service Licansee 22. Name and Address of Fecility
Connelly Funeral Home Of Dundalk onnelly de 7110 Sollers Point Rd. 21222 23e. Part. Enter the discusse, or complications that caused the death. Shock, or heer fell in List only one cause on each line. Approximata Interval Between Onset and Death **Physician** Melastatee Lung Carcinomo /Medical IYR immediate Cause (Finel disease or condition resulting in deeth) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in daath) Last the burist-tran Due to (or es a consequence of): P.O. Box 68760, physician certificate be Physician/Medical Due to (or as a consequence of): 8 attending Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 à 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown peudis à 8 Recends 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? law reg E S certificate 1 ☐ Yes 2 ☐ No 1□ Yes 2□ No Division of Vital director. Be 25. Wes case referred to medical 28. Place of Deeth (Check only one) Other: 4 Nursing Home Residence 6 Other (Specify) 9 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 芸 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. injury at Work? Affler Neturai 5 Pending invastigation 1 ☐ Yes 2 ☐ No e Hospital or Attend n 24 hours after death e Funeral Director: / 2 Accident 6 Could not be detarmined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide edicai 29a, Certifier 🕊 Certifying Physician: To tha best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) end mannar as stated. 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and mannar stated. (Check only one) To the Within 2 To the I complete 29b. Signature and titla of cartifler 29c. Licanse number 29d. Data signed (Month, Day, Year) D30641 5 Claumy 30. Name end address of person who completed cause of deeth (item 23e) (Type, Print) -- SapapyhinD. 201-109 BACKRIVER NECK Rd BAILO, MD2122

Little Palgarian

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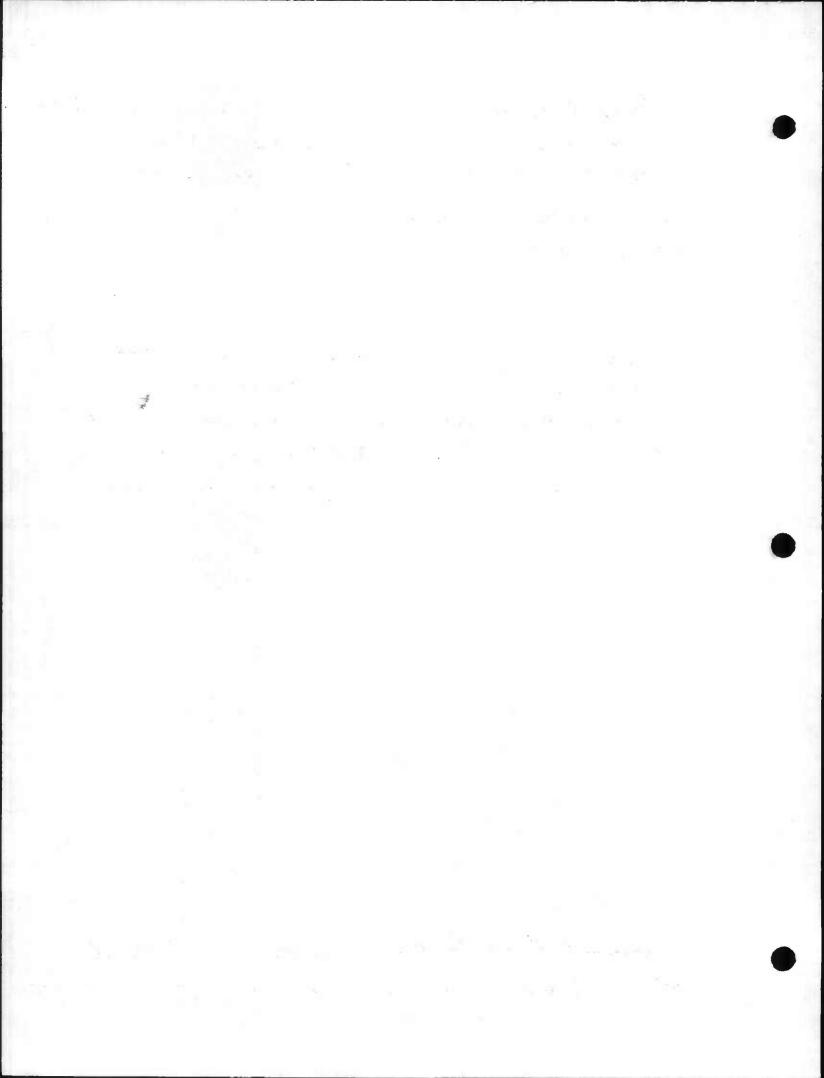
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Dete of Daeth 3. Tima of Death **Physician** Month MARY 725PM -OGAN /Medical 4e. Fecility Nema (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Johns Hopkins Bayview Baltimore If Under 1 Year | If Under 24 Hrs. 8. Date of Birth Months | Deys | Hours | Min. | (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foraign Country) **Funeral** 1□M 2↓ F Months 217-30-2938 Yrs. 96 Director 1899 Ireland Usuel Rasidence of Decedent death with the Maryland 10a. Steta 10b. County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours after death with the Manylan Department of Haith and Mental Hygione. Important: If least 21 a marked other than "natural", or items 23 a or 28a-f show any injury or other treumatic svent, the Medical Examinat mail to nother treumatic svent, the Medical Examinat mail to nothing a 10d. Inside City Limits Md. Baltimore 1 ☐ Yes 2 ☐ No Director Dundalk 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 7704 Fairgreen Rd. 21222 USA 12. Wes Decedant Evar in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indien, Bieck, Whita, atc. 1 □ Never Married 2 □ Married 1 ☐ Yes 2☑ No If Yas, Giva Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: White ģ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantery/Secondary (0-12) Collega (1-4or 5+) Housewife Home 4 yrs 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Honour Loftus Stephen Fallon 19e. tnforment's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1805 Jackson Rd. Dundalk, Md. 21222 Minerva R. Kuessner Daug. 20b. Plece of Disposition (Neme of St. Stanislaus Cem. 20e. Mathod of Disposition 20c. Location - City or Town, State 1 St Buriei 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) 7-26 Dundalk 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility
Connelly Funeral Home Of Dundalk 7110 Sollers Point Rd. 23a. Perf1. Entar tha dise lie, or complications that caused the deeth. On not enter the mode of dying, such as cardiac or respiratory errest, shock, or heer failure. List only one ceuse on each line. Approximata interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel disaesa or condition rasuiting in daath) HOUR Examiner Due to (or es a consequence of) attending physician and I for use as the burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of): Pert II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ALZHEIMERS TYPE DEMENTIA 24b. Were autopsy findings available prior to 24a. Wes an autopsy performed? Completed complation of cause of death? 1 ☐ Yes 2 Ø No 1 ☐ Yes 2 ☐ No Viital rillicate Be 25. Wes cese referred to medical 28. Place of Deeth (Check only one) axaminer?
1 ☐ Yes 2 ◯ No Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Aursing Home 5 Residence 6 Other (Specify) 27. Menner of Deeth 28e. Dete of Injury (Month, Dev Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 1 Naturei 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital of within 24 hours at To the Funeral D completely filled in Certifying Phyelclan: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, daath occurred at the time, dete and plece, end due to the ceuse(s) and manner steted. 29a. Certifier Medical 29b. Signeture end titla of certifiar 29c. License number 29d. Date signed (Month, Dey, Year) muchael 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) ANKROM MD 5505 HOPKINS BAYVIEW CIRCLE BALTIMORE MD 21224 31. Dete filed (Month, Day, Year) 32. Begistrer's Signatura State JUL 241996 Registrar

DHMH t6 Rev 6/95



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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Physician Month David W. Lang Jr. July 1996 12:30 A.M. /Medical 4e. Facility Neme (If not institution, give street and number, 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** North Arundel Hospital Glen Burnie Anne Arundel 5. Sociel Security Number If Under 1 Yaar If Under 24 Hrs. Birthplace (State or Foreign Country) 7. Aga (In yrs. last birthday) 8. Deta of Birth (Month, Day, Year) **Funerai** 1XM 2□ F 212 42 4272 Yrs. Director 53 July 4,1943 Maryland Usual Residence of Decedent the Maryland 10a. Stete ns 23a or 28a-f show mast be notified at 10b. County 10c. City, Town or Location 10d. Inside City Limits Director Maryland Anne Arundel 1 ☐ Yes 2 No Millersville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? death with 8361 Oakwood Road 21108 U.S. Funeral terns 12. Was Decedant Ever in U,S. Armed Forces? 120 Yes 2 ☐ No 11. Marital Status Was Dacedent of Hispenic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - Amarlcen Indien, Bleck, White, etc. Examiner permit. Peges 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or ite any injury or other traumatic event, its Medical Exercises 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 of Yes, Give Yeer or Dates: Viet Nam 1 Yes 2 No Specify: by Specify: 3 Widowed 4 Divorced White Be Completed 15. Decedant's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Stockman General Motors 2 years 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) David W. Lang Sr. Adeline Schaffner 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) Betty Lang 8361 Oakwood Road Millersville, Maryland 21108 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) 7/19/96 Cedar Hill Cemetery Baltimore, Maryland 21. Signeture of Funeral Service Ucensee 22. Name end Address of Facility Gonce Funeral Home P.A. 4001 Ritchie Highway Baltimore, Md. 21225 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not entar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical cer and To, To Tie to Examiner Examiner 2 The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceusa (Diseese or Injury that Initiated events resulting In deeth) Lest use as the buriel-trar Due to (or as a consequence of) sion of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributa to the cause of death? signed by t d be detech Yes 2 No 3 Probably 4 Unknown ģ Completed 24a. Wes en eutopsy performed? 24b. Were eutopsy findings evalleble prior to completion of cause of deeth? Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 3 No ^oL Inpatient 2 ER/Outpetient 3 DOA 큠 27. Manner of Deet 28b. Time of 28c. Injury et Work? 28d. Dascribe how injury occurred Certification: Netural 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, streat, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homiclde Medical Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) and menner stated. 29a. Cartifier within 2 To the complete 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) M.D. 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Aquahart RJ. Glen Burne, MO21061 Gorbuly 95 31. Dete filed (Month, Day, Year)

JUL 2 4 1996 32. Registrer's Signeture

Registrar

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DIVISION OF VITAL RECORDS, P.O. I	
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DIVISION OF VITAL RECORDS, P.O. BOX 6876

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH ON MONT		FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /		RTMENT O				MEN	TAL HYGIEN			
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Planus UKCII MB D46515 July 23rd 1996 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SEAMUS ORCHING DOWN MAPPING MAPPING ORCHING COLD GOON WORK St. Ballyware MD 21287 31. DATE FILED (Month Day Marks a confidence of														
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		4. SOCIAL SECURITY NUMBER White the second	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURE MIN. 7 30	7. DATE OF BIRTH (Month, Day, Year)	100	8. BIRTHPLACE (State or Fo. Country) Maryland	veign
1	HC.	90. FACILITY NAME (If not institution, give WERCY HUSP			-	MURE, 1	ATH	9c. COUN	TY OF DEATH	TY
1	DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COU	NTY	10c CIT	, TOWN OR LOCAL			17,0		
تكفيد	Pola	MD n/c	L		Baltir	nore			10d. INSIDE CITY LIMITS? 1 YES 2	
	ERAL	4929 Goods	NO RA A	ot F		2/206		10g. CITIZ	EN OF WHAT COUNTRY?	
	FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No-	14. FIACE — American India Black, White, etc.	en,
	D BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2 NO Specify:	n, Puerto Ricen, etc.)		Specify: BLACK	(
	ETE	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	rork done durina ma	ON st of working	16b. KIND OF BU	SINESS/INDU	ISTRY	
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notified	5	190. INFORMANT'S NAME (Type/Print) Churies Win	scomb.	19b. MAJLING	ADDRESS (Street a		oute Number, City or Tow		Code)	
must be		20e. METHOD OF DISPOSITION 1	20	b. PLACE AND DATE Cometery, crematory or of	F DISPOSITION (Na				ity or Town, State	
examiner		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE L. S. Wade, Di	r.	State		Board-655 yland 212		ltimore Str	eet
or removal		23. PART I. Enter the diseases, of ahock, or heart failur	or complications that ceuse e. List only one cause on	ed the daeth. Do n	ot enter the mo	de of dying, auch	as cardiec or reapi	iratory arre	st, Approxima	
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or ream and thoms in	ME						1 □ YES 2	□ NO	OF GEATH?	10
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28 is	8	3 Suicide 8 Could not be determined	28a, PLACE OF INJUST	Y — At home, ferm, s	treet, factory, office	'	281. LOCATION (Street of City or Town, State)	and Number o	r Rural Route Number,	
F. If Item	COMPLET		YSICIAN: To the best of my known							-
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IM De	5	30. NAME AND ADDRESS OF PERSON		EATH (ITEM 27) (Type,	Print)		33059	5/	29/96	
		Linda Panliks, 2 31. DATE FILED (MONTH, Day, Year)	2 S. GREENE	ST., BALT	MURE, M	1D 21201				
		JUL 2 4 1996	32. REGISTRAR'S SIGN	Rodate						
				-					OHNH 16	Rav 1/89

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Amended item #1, g-737, 7/24/96emh per fh

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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					Ce	rtificate o	f Death	7		Reg. No.	20	-1000
Physicia /Medic		1. Decedant's Name (First, Middle Daniel	e, Last)	MCCAHAG	AN N	McGahag	an		2. Deta of De Month July 19	ath Dey	Year	3. Time of Death 10:15 pm
Examin		4a. Facility Nema (If not institution	n, giva street and nun	n <i>ber)</i>			4b. City, T	own, or Lo	cation of Deatl			
		Franklin Squ	are Hospit	tal				imore			nore	County
Funeral Director		5. Social Security Number 216 24 8954	8. Sex 1 □ M 2 □ F	7. Aga (In yrs. las. 66	birthday, Yrs.	Months Day		Min.	8. Date of Bir (Month, Da March	th Y. Year) 16,1930	9. Birthi Cour Pen	plece (State or Foreig intry) nnsylvania
pug *		Usual Rasidence of Decedant 10a. State 10b. County		10c. City, 1	own or L	ncation						10d. Insida City Limit
the Marylan 28a-f show neutrad at	ō	Maryland Balti	more		ry H							1 ☐ Yes 2 📉 N
the Mi	Director	10e. Street and Number	INOIC	101	- X 11	10f. Zip Code				40= Chinas -41	Affron Cons	
€ 98	al Dir	5028 Hilltop	Acres Road	Ē			128			10g. Citizen of U.		mtry ?
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o filed within al Hyglena.	5	12th			Fi	tter				Buffal	o Ta	nk
d 2 should be file th and Mental Hy 7 is marked other traumatic event	Be	17. Fathar's Nama (First, Middle,	Last)				18. Moth	ar's Nama	(First, Middle,	Maiden Suman	ne)	
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12 should be finand Mental Hamerked of raumatic eve	.	19a. tnforment's Name/Raiations	hlp (Type, Print)		19b. Malli	ng Addrass (Stre	et and Numb	ber or Rura	I Routa Numb	er, City or Town,	Stata, Zip	p Coda)
1 and 2 Health em 27 I		Mary T. Yeshn	ik		785	View Wes	st Dri	ve	Westm	inster,	Mary	land 2115
permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg important: If fleen Z7 la marked other any Injury or other traumatic event, pines.		20e. Mathod of Disposition 1 □ Burial 2 □ Cremation 4 □ Donation 5 □ Other (S)		State cem	atary, cra	osition (Nama of matory or other p Valley	lace)	7	Date 7/23/96	20c. Location Baltin		own, Stete Maryland
permit. Pagas Department of I Important: If ite any Injury or or once.		21. Signature of Funaral Service	Licensee 4	neo	2	2. Nama and Add				Funeral	Home	P.A.
	\neg	23a. Part1. Enter the disease, or shock, or heart failure. List	complications that ca	aused the death. I						-	3 8 10 1	Approximeta
Physician /Medical		tmmediata Causa (Final		Myocardi								Interval Batween Onset and Deeth
Examiner		disaesa or condition resulting in death)	a.	Dua to (or as			***					2 days
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axecuted an and rist-transi	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	C b. Children	Dua to (or as		1	Isease	2		+		
requires that the death certificate be assecuted een signed by the attending physician and hould be detached for use as the burial-transit	Medical	Cause (Diseesa or Injury that initiated avants resulting in death) Last	c	Due to (or es	e consec	quence of):						
that the death cert ed by the attendin datached for use	Physician/	Pert II. Other significant condition	ns contributing to de	eth but not resultir	g in the u	indarlying causa	given in Pert	I.	23b. Did	tobacco use co	ntribute t	to the cause of death
that the ned by the datache	y Ph								1)(0)	Yes 2□No	3 ☐ Pro	obebly 4 Unknow
> 0 0	Completed by								24a. Was perfo	an eutopsy med?	av cc	Vara autopsy findings vailable prior to completion of cause death?
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mis ce	2	axeminar? 1 ☐ Yas 2 ☐ No	Hospital:	npatient 2 ER	/Outpatle	nt 3 DOA	Other: 4 N	ursing Hor	ne 5 Resid	dence 8 Oth	er (Specif	f(v)
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all of All Director	Certification:	3 ☐ Suicide 6 ☐ Could r 4 ☐ Homicida datarm	Ined Zou. Place	of Injury - At homa og, atc. (Specify)	, farm, st	raat, factory, offic	e	4	28f. Location (: City or Tox		ber or Run	al Route Number,
	edical	29a. Cartifiar (Check only one) Certifyin 2 Medicat I	g Physician: To the b Examiner: On the ba- end mann	sis of axamination	dga, daat and/or in	n occurred at that vestigation, in my	tima, data ai opinion, dai	nd place, a ath occurre	and dua to tha ed at the time,	cause(s) and madata and place,	annar as s and dua te	stated. to the cause(s)
Vithir Nomp	Me	29b. Signature and Itla of certifier	^			29c. Lice	nsa number			29d. Daté signe	d (Month,	Day, Year)
- 71-0		Hand)	H			DD 1.0	0.7			7/19	126	
		30. Nama and address of person of Howard Farringto						Ba l ti:	more. N	<i>'(''(</i> faryland		37
Stat		31. Data filed (Month, Day, Year)	32. Rg	egistrar's Signature						7		

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				State of Ma	arylan				lealth and Death	Mental H	ygiene	9	6	21809
			Decedent's Name (First, Middle, La	st)		Oe.	liiical	e UI	Dealli	2. Date of I	Reg. No	•		3. Time of Deeth
ı	Physic	ian	Agnes M. Men	7						Month	Day		'ear	1:30 PM
	/Medi Exami		4e. Fecility Neme (If not institution, give						4b. City, Town, o	July or Location of De		199 County of	0	113011
-	Funeral Director		Summit Nursing 5. Social Security Number 6.3 216-80-5940	Home Fr. Ag	e (In yrs. 85	last birthday) Yrs.	If Under Months	1 Year Days	Calton If Under 24 H Hours Mi	svuill rs. 8. Date of B (Month, I Feb.	Birth	alti	more D. Birthplace Country	ce (State or Foreign
1		1	Usual Residence of Decedent							I CD.	2/1	711 1	ialy	Tana
)	the Maryland 28a-f show notified at	Director	Maryland N	I/A		y, Town or Lo					Ш		10d	I. Inside City Limits 1 1 1 1 1 1 1 1
	23a or 2 ust be no		10e. Street and Number 4626 Coleherne	Road			10f. Zip	Code 122	9			izen of Who		
020	hours after death with the Marylai lural', or items 23a or 28a-f show at Examiner must be notified at	by Funeral	11. Marital Status 1 Never Merrled 2 Merried 3 Nover Merrled 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 X If Yes, Give Year or Dates:			Wes Deced f Yes, spec 1 ☐ Yes	cify Cuba	an, Mexican, Pu	(Specify Yes or I erto Rican, etc.)	No-	14. Race - Bleck, Specify:	American White, etc	3.
Maryland 21215-0020	within 72 ho ane. than "natur to Medical	Completed	15. Decedent's E (Specify only highest gra Elementary/Secondary (0-12)	ducation ide completed) College (1-4or 5	i+)		dent's Usua kind of wo DO NOT us emak	rk done se retire	eation during most of w d)	vorking		ind of Busin		stry
Þ	I Hygi other rent, I	Be C	17. Father's Neme (First, Middle, Last,			11011	Cinax	CI	18. Mother's N	ame (First, Midd			Ome	
ylar	uld by Menta rhaed rife en	To B	William P. Day	ris					Mary	Buckle	У			
lan	2 should he man		19a. Informant's Name/Relationship (Type, Print)		19b. Mallin	ng Address	(Street	and Number or	Rural Route Num	nber, City o	or Town, St	ate, Zip C	ode)
Baltimore, N	ges 1 and I of Health If Hem 27 or other to		Agnes Britting 20a. Method of Disposition 1 [28 Burial 2 Cremation 3 C	Removal from State	20b. P	Place of Dispo cometery, crer	sition (Nan natory or o	ne of ther plac	ce)	Date	20c. Lo	ocation - Cl	ty or Towr	n, State
量			4 ☐ Donation 5 ☐ Other (Specification of Control of Co		Me				ss of Facility	ry//23	Ba1.	timo	re,	Marylan
ñ	Departs Importu any inje		11/1/1			λ	mhro	00	Funera	1 Home	, Inc	c.		utus
	DOM: N		23a. Pall 1. Enter the disease, or con shock, or heart failure. List only	plicetions thet caused	the deat	h. Do not ent	328 er the mod	Su1	phur Sing, such as card	pring lac or respiratory	Road arrest,		A	227 pproximete
	Physician /Medicai Examiner		Immediate Cause (Final disease or condition	one cause on each lie	ne.	HŦ							i In	iterval Between Inset and Deeth
В	<u> </u>	<u></u>	resulting in death)		Due to (q	r as a consec	(uence of):	1.						211
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,0928	death certificata be executed a attanding physician and of for usa as tha burial-transit	dical Exa	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury Ihet Initiated events resulting in death) Lest	c		r as a conseq								
Box 6	eath certific attanding pl	an/Mec		d									 	
P.O.	that the led by the detache	y Physician/Me	Part II. Other significant conditions of	ontributing to death bu	ut not res	ulting in the u	nderlying c	ause giv	en In Part I.					ne cause of death?
Records,	aw requires seen so 2 should	Completed by							·		as en autor rformed?	psy	evalle	autopsy findings able prior to eletion of cause ath?
ď	a - 0	E								10	Yes 2	DE NO	1 🗆 Y	res 20 No
/ita		Be	25. Was case referred to medical examiner?						26. Place of D	eath (Check onl)	y one)			
on of Vital	this el di	tion: To	1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending	Hospital: 1 ☐ Inpatie 28a. Date of Inju (Month, Day		ER/Outpatier 28b. Time of Injury		8c. Injur Wor	4 M Nursing	Home 5 Re 28d. Describ				
Division	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: Atter completely filled in by the funer	Certification:	2 Accident Investigation 3 Sulcide 6 Could not b 4 Homicide determined		ury - At ho	ome, farm, str					(Street an fown, State		or Aural A	Route Number,
	the Hospital hin 24 hours of the Funeral I	edical	(Check only one) 2 Medical Exam	yalclan: To the best of niner: On the basis of end manner sta	examinat	wledge, death tion and/or inv	estigation,	In my o	pinlon, death oc	ce, and due to the	e cause(s) e, date and	end mann I place, and	er as state d due to th	ed. le cause(s)
	To the To the comple	×	29b. Signeture end title of period	W .			290	. Licens	D 26	294		te signed (i		
	6-		30. Name and address of part who	completed cause of de	eath (Item	23a) (Type,	Print)							

1101 Maiden Choice Lane Baltimore, Maryland 21227

State Registrar Luis M. Zuniga
31. Date filed (Month, Day, Year)

					State of M	larylan			f Health and	Mental Hy	giene	96 2	1810
			4 December 11 - Nove	- (Films Adiabate I			Cer	lificate	of Death	(Reg. No.		
П	Physic	ian	1. Decedent's Nen	ne (First, Middle, La	_	111	ERS			2. Dete of De Month	Dey	Yeer 3	Time of Death
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					Hospital	no do um d	a a d failedt adam a	If Under 1 Y	Balti ear If Under 24 Hr		n/		
Ŀ	Funeral Director		5. Social Security I 220-42- Usual Residence	-5037		ge (in yrs. i	est birthday) Yrs.		eys Hours Mir	8. Date of Bi (Month, Di 2/9/1			(Stete or Foreign
-	A.C.		10e. Stete	10b. County		10c. City	, Town or Loc	ation				10d.	Inside City Limits
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1		Director	10e. Street end Nu	ımber		1		10f. Zlp Co	de		10g. Citizen of	Whet Country?	
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	Tre 2	Funeral	11. Meritel Status		12. Wes Decedent	Ever In U.S	S. 13, W	/as Decedent	of Hispenic Origin? (Cuban, Mexican, Pue	Specify Yes or No		e - American I	ndien,
0	or items	F		ried 213 Merried	Armed Forces? 1 ☐ Yes 2 ☒					rto Rican, etc.)	Blee	ck, White, etc.	•
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b	be filed trai Hygid d other event, ti	Be	17. Fether's Neme	(First, Middle, Last)					eme (First, Middle		ne)	
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Baltimore,	H H Dor			•	Removel from State	CE	ece of Disposemetery, crem ROS	etary or other	emetery	7/25/9	20c. Location - 6 Balt	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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			shock, or hee	ert feilure. List only	plications thet cause one ceuse on eech li	ine.	. Do not ente	r the mode of	dying, such es cardi	ac or respiretory e	errest,	Inti	proximete ervei Between set end Deeth
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	Examiner		diseese or condition resulting in deeth)	on	e. /V/2//	1571	4110	- CH	NEER	0/2	-UNG	- '	WEE KS
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on	tending Physiclen: leath. for: After this certific the funeral director,	tior	1/⊠Netural 2 ☐ Accident	5 Pending Investigatio	(Month, Da	y Year)	Injury		Injury at Work? 1 ☐ Yes 2 ☐ No				
S	Attending or death. •ctor: After by the fune	fica	3 Sulcide	6 Could not b	e ago Diose of Ini	iurv - At hor	me, ferm, stre			28f. Location	Street and Numb	er or Rural Ro	ute Number.
		Certification:	4 Homicide	OBININIBO	building, et	c. (Specify)		75 (City or To	wn, Stete)		
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by		29e. Certifler	1 Certifying Ph	ysician: To the best	of my know	vledge, deeth	occurred at th	e time, dete end pled	e, end due to the	ceuse(s) and ma	nner as stete	i.
	Ho 124 h Fur letely	edical	(Check only one)	2 Medical Exar	nysician: To the best niner: On the besis o end menner st	f examineti eted.	on end/or inve	estigetion, In r	ny opinion, deeth occ	curred et the time,	dete end piece,	and due to the	cause(s)
	rithin Co th	Me	29b. Signeture end					29c. Lk	cense number		29d. Date signe	d (Month, Dey	Year)
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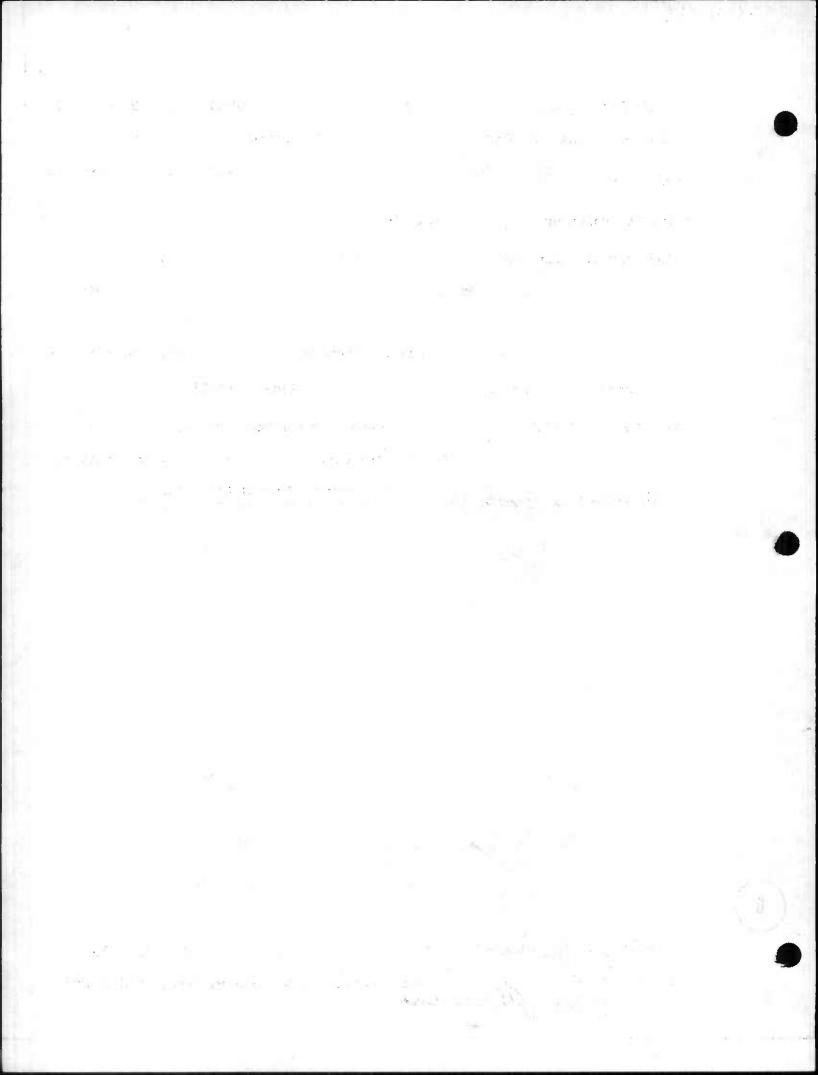
State Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

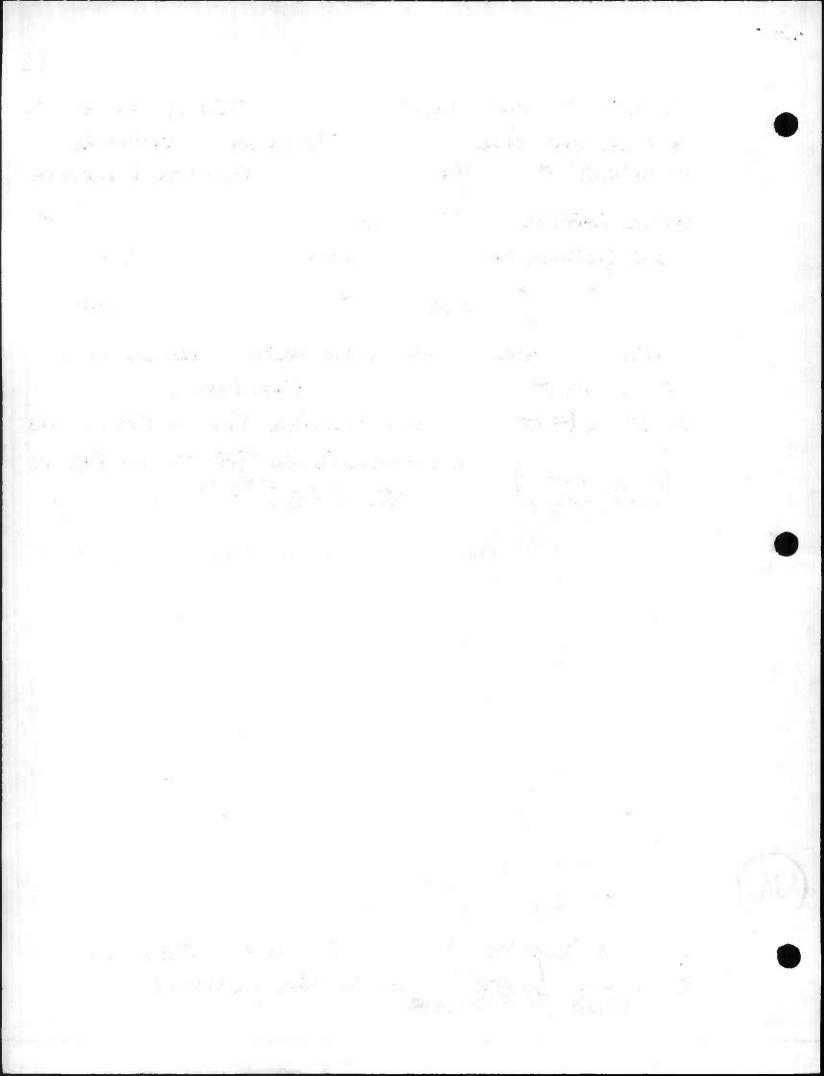
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			1. Decedent's Nem	a /First Middle I a	p#1					0.0-4-40	neg. No.		
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	Exami	iner		TRAUMA		/			BALTIMO			I/A	
Н	Funeral		5. Social Security N			ge (In yrs. les	st birthday)	If Under 1 Yaa	r If Under 24 Hrs			,	olece (Stata or Foreign
W.	Director		218-14-0 Usuel Residence of	064	∰M 2□F 70)	Yrs.	Months Dey	s Hours Min	8. Data of B (Month, D 8-15-	1925	Cour	aryland
	yland		10e. Stata	10b. County		10c. City,	Town or Lo	cation				1	10d. Inside City Limits
	Mar	to	Maryland	Baltimor	re .	Ba	aldwin	1					1 ☐ Yas 2 ☐ No
	or 28	Director	10e. Street end Nur	mber				10f. Zip Code			10g. Citizan	of What Cour	ntry?
	th wil		4455 Car	roll Mano	r Road			21013			U.	S. A.	
	ems ems	Funeral	11. Marital Status		12. Wes Decedan Armed Forces	t Evar in U,S.	13. V	Vas Decedent of	Hispanic Origin? (5 ban, Mexicen, Puer	Specify Yes or N	o- 14. A	ace - Amaric	
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. If Health and Mental Hygiene, them 2 netwest 23 or 28a-f show other traumatic event, the Medical Examinar must be notified at	by	1 Never Marri	ied 2 → Married 4 □ Divorced	frYes 2 ☐ frYes, Give Year or Detes:	M W11		□ Yas Z□ No		, , , , , , , , , , , , , , , , , , , ,	Spec	W	hite
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and	ntal h	Be								me (First, Middle		eme)	
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<u>o</u> u	Pages net of h		15 Burial 2	☐ Cremetion 3 ☐	Ramovel from State	9		Gometre					10.00
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Ba	Department Important any Injure		1/1/2/	lace S.	n /	\wedge			son Fune	cal Home	, Inc.		
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376	icate be executed physician and s the buriel-transit	lica	Ceusa (Diseese or that initieted events resulting in death) L		C	Due to (or as	s a consequ	ience of):					
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Ď.	v requires that the death been signed by the etter should be deteched for r		Part II. Other eignifi	cent conditions	ntributing to death t	out not resultin	ng in the un	derlying cause o	ivan in Part I.	23b. Did	tobacco use	contribute to	the cause of death?
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ouo	ther.	0	27. Menner of Deeth 1 ☐ Naturel	5 Pending	28a. Date of Inju (Month, De	ary Year) 28	Bb. Time of Injury	28c. Inju			how Injury occ		CAN
Sic	forth fort	cati	2 Accidant 3 ☐ Sulcida	Invastigation 6 Could not be	7 4	96.	953	DM 10	Yes 2 1/No	DICCO	r of N	in SLA	nece usy
2	thor of At	Certification:	4 Homicide	determined	200. Flace of In	tc. (Specify)		at, factory, office		City or To	wn, Stete)		I Routa Number,
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	NA PAR	edical	29a. Certifiar (Check only one)	1 ☐ Certifying Phy 2 ☐ Medical Exam	elcian: To the best iner: On the basis of end menner st	of my knowle of exemination oted.	dge, deeth end/or inve	occurred et the t estigetion, In my	lme, date end plece opinion, deeth occu	e, end due to the erred et the time,	cause(s) end r dete end place	menner es si e, end due to	teted. the ceuse(s)
-	d du	Me	29b. Signature and I	all tal the	1				se number		29d. Dete sign		
13.			100	mie on	Moule) IN			~ M E		TIITV	22 10	196
1	1	- 9	30. Neme end eddre	ess of person who o	ompleted cause of a	deeth (Item 23	3e) (Type: F		C.M.E.		JULY	22,19	70
	101,		Marle	MINITA	A. Honou				t, Balt:	imore,	Maryl	and 2	21201
	Sta	ate	31. Dete filed (Want	APPLY TOOK		ata Signally				•	4		
	Registr	rar	JUL	- N 4 1350				4					



State of Maryland / Department of Health and Mental Hygiene

			Certific	ate of Death		Reg. No.	20	21012
Dhusislan	1. Decedent's Name (First, Middle, La	ast))		2. Dete of De	eth	Vaar	3. Time of Deeth
Physician /Medicai	ALBERT TO	Homas F	TOIG		Month L	Dey	9PP	8:30PM
Examiner	4e. Fecility Neme (If not institution, gir		- C1	4b. City, Town, or		4c. County		4.401.1
	ALIB EASTHAN	~ (KOAO		Timoni		BAI	Timo	RE
Funeral		Sex 7. Age (In yrs	Mont	der 1 Yaar If Under 24 Hrs hs Days Hours Min.	(Month, De	h y, Year)	9. Birthpla	ce (Stete or Foreign
Director	Usual Residenca of Decedent	14	Yrs.		MARCH	1,1922	rems	YLVANIA
itical Examinet must be notified at steed by Funeral Director	10e. State 10b. County	1141	ity, Town or Location				100	d. Inside City Limits
be notified	MARYLAND BALLIN	TORY I	monive	1				1 ☐ Yes 2 No
or 2	10e. Street end Number	\cap	10f.	ZIp Coda		10g. Citizen ot	Whet Country	13
23a	A118 EASTH	AM KOAO		21093		()-	S.A	
r items 23a niner must hineral	11. Maritel Stetus	12. Was Decedent Ever in t Armad Forces?	J,S. 13. Was Da	cedent of Hispenic Origin? (Specify Cuban, Mexican, Puer	pecify Yas or No-	14. Rac	ca - Amaricar ck, White, etc	
or h	1 ☐ Naver Married ﷺ Marriad	13€ Yes 2 No	1 □ Ver	No Specify:	o riloan, ato.)			<i>3.</i>
d by	3 Widowed 4 Divorced	Year or Dates: w. w	II.	Dano openy.		Specify	HW	311
od other then "netural", or items 23a or 28a-f sho event, the Modeal Examiner must be notified at Be Completed by Funeral Director	15. Decedent's E (Specify only highest gro	ducation ede completed)	16e. Decedent's U	suel Occupetion work done during most of wo	rkina	16b. Kind of B	usiness/Indu	stry
then the Man	Elementary/Secondery (0-12)	College (1-4or 5+)		work done during most of wo Tuse retired)				
ont, the Comp	12785.	4762	PHYSIC	IANS ASS.		BETHLE	HEM.	STELL
merked other metic event, I	17. Fathar's Name (First, Middla, Last	")		18. Mother's Ner	me (First, Middle,	Maiden Surnen	na)	
To To	FRANK POIN	To		MAR	y Nork	Sis		
2 2	19a. Informent's Name/Ralationship (Type, Print)	19b. Meiling Addr	ess (Street end Number or Ru	ral Route Numbe	r, City or Town,	Stete, Zip C	ode)
7.4	of snithazzor	INT	3118 EAS	THAM KOAD	limon	iva	JUGATE	and along
to the	20e. Method of Disposition Surial 2 Cremetion 3		Plece of Disposition (a cometery, cremetory)	arothernland)	Date	20c. Location -	- City or Town	n, State
int:	4 Donetion 5 Other (Special		LANEY VA	Usy Brokiel	1996	Timon	ium (maligal
Important: If Item eny injury or othe once.	21. Signature of Funaral Sylvine Lieu			end Address of Fecility		THE NEX	101	11 10 27 27 0
Important: If any injury o once.	180 2	1	EVAN	2 CHAPETOF	Himes			
1	23a, Pert1. Enter the disease or com	inlication, that caused the dear	th. Do not enter the n	S YORK 160 AO	- ITM	orivo		porovimeto
.inian	23a. Pert1. Enter the disease, or com shock, or heart tailure. List only	one ceus on each line.	an. Do not ontar that	roda or dying, sacri as cardiar	or respiratory er	1651,	ir	approximate intervel Between Onsat and Deeth
sician edical	Immediete Ceuse (Finel	Μ.		(0000	0	20		
miner	disaese or condition resulting in death)	e. ITETA	SMAC	GASTRIC	CANCE	عاد	/	SHUNDE
—	,	Due to (or es e consequence	ot):				
tal-transh Examiner		b. —						
Medical Exan	Sequentially llst conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury	Due to (or es e consequence	of):				
E 0	Cause (Diseese or injury thet Initieted evants	c						
edical	resulting in deeth) Lest	Due to (d	or as a consequence of	of):				
W.		d						
Physician	Part II. Other significant conditions of	ontributing to deeth but not res	sulting In the underlyin	g causa given in Pert I.	23b. Did t	obacco use co	ntribute to th	he cause of death?
					101	as 2 No	3 Probal	bly 4 Unknown
2 6							Т	
page 2 should Completed					24a. Was	en eutopsy med?	evelie	autopsy findings able prior to
mple at							ot de	eth?
page					1 D Y	es 28 No	101	res 2□ No
rector, pa	25. Wes case ratarred to medical			26. Place of Dee	ith (Check only o	ne)	1	
To E	exeminer? 1 Yes No	Hospitel: 1 ☐ Inpatient 2 ☐	ER/Outpetient 3	Other:	ome 5⊠ Resid		er (Snecity)	
	27. Menner of Deeth	28e. Dete of Injury	28b. Time of	28c. Injury et Work?	28d. Describe h			
at o	1 Netural 5 ☐ Pending investigation	(Month, Dey Year)	Injury M	1 ☐ Yes 2 ☐ No				
ed in by the tunen Certification:	3 ☐ Suicida 6 ☐ Could not be	286. Piece of injury - At n	ome, ferm, streat, fact	ory, office	28t. Location (S		er or Rurel R	loute Number,
d d	4 Homicide	building, etc. (Specif	(y)		City or Tow	n, Stete)		
	29a. Certifier Certifying Ph	yalclan: To the best of my kno	wledge, deeth occurre	ed et the time, dete end place	and due to the o	euse(s) end me	nner es stete	ed.
pietely fill	(Check only 2 Medical Exam	ninar: On the basis of exemine end manner steted.	tion and/or investigeti	on, in my oplnion, deeth occu	rred at tha tima, o	late end placa,	end due to th	e ceuse(s)
Me Me	29b. Signeture end title of cartifier	The state of the s		29c. Licensa number 2		29d. Date signe	d (Month. Da	y, Year)
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~ 1	1	10.0		03736 YORK ROAD -	_	かんろって	11991	0
X	30. Neme end eddress of person who	completed ceuse of deeth (Item	m 23e) (Type, Print)	1 1 0	1 -		1	
10	NK HULHOUS	SARAFIS	1205	YORK KOAO -	- LUTHS	RVILE		
State	31. Dete 30 Magh, P1998	gulia thaintson the	ALL		OVITE	J. inc		



State of Maryland / Department of Health and Mental Hygiene

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					Certifica	ate of Death		Reg. No.	30 21	013
Dh		1. Decedent's Neme (First, Middle, Las	it)	10	1.	,	2. Dete of Month		Yeer 3. Tir	me of Death
Physic /Med		JEAN 7	KERESA	PA	WLIS	KE	Jul	1 21 1	196 =	SPM.
Exam		4e. Fecility Neme (If not institution, give					wn, or Location of De	eth 4c. County	of Deeth	
	ы	HARBOR HUSPI	TAL CENT	EX.		BA	LTIMORE	BA	LTIMOR	Z City
Funera Directo		190 22 9100	9x 7. Age □ M 2 <u></u> ∇ F	e (In yrs. lest bi	Yrs., If Und Month	der 1 Yeer If Under ns Deys Hours		Birth Day Year)	9. Birthplece (Si Country) Pennsy]	tete or Foreign
pu *		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Tow	m or Location				40d tool	de City I Imite
e Maryle 8a-f shor	ctor	Maryland Anne Art	undel	Balti					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	de City Limits I Yes 2 ☑ No
th with th	Funeral Director	10e. Street and Number 300 Hillcrest Av	enue		10f.	Zip Code 21225		10g. Citizen of U		
Ire, Maryland 21215-0020 s 1 end 2 should be filed within 72 hours after death with the Maryland if Health end Mental Hygiene. ttem 27 is marked other than "natural", or items 23a or 28s-f show other traumatic avent, the Medical Examiner must be notified at	þ	11. Maritel Stetus 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent I Armed Forces? 1 Yes 2 N If Yes, Give Yeer or Detes:			cedent of Hispenic Ori pecify Cuben, Mexicar 2 No Specify:		No- 14. Rec Ble Specif	ce - American Indie ck, White, etc.	
Taryland 21215-002 2 should be filed within 72 hours end Mental Hygiene. Is marked other than "natural; summitic avent, the Medical Exa	Completed	15. Decedent's Ed	ucation	16a	. Decedent's U	suel Occupetion		16b. Kind of B	usiness/Industry	
215 Bin 7	pje	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4or 5	i+)	life. DO NOT	work done during mos ruse retired)	t or working			
Marie 1	00	12th		<i>'</i>	Clerk			M.V.A.	St. of	Marylan
Maryland 42 should be file h end Mental Hy 7 is marked oths	Be	17. Fether's Neme (First, Middle, Last)				16. Mothe	er's Name (First, Mide	de, Meiden Sumer	10)	
aryja should I nd Meni marke umatic s	2	W	illiam Su	ıllivan			Aline 1	Dillon		
2 sh end is m		19e. Informent's Neme/Reletionship (7			_	ess (Street end Numbe		nber, City or Town	Stete, Zip Code)	
1 end 1 end Health em 27 ither tr		Robert F. Pawlis	ke			crest Aven		ltimore,		
altimore, mit. Pages 1 er partment of Hea portant: If Item;		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐	Removel from Stete	20b. Piece o camete	of Disposition (f ary, cremetory o	verne or or other piece)	Dete		City or Town, Ste	
Itimo		4 □ Donetion 5 □ Other (Specify		Cedar	Hill C	emetery	7/25/96	Baltim	ore, Mar	yland
Baltimore, N permit. Pages 1 end Department of Health Important: If Item 27 any injury or other tr		21. Signature of Funeral Service Licens	tomuse	whi		end Address of Fecilion	Gonce	Funeral Ltimore,		
Physician		23a. Part 1. Enter the disease, or complete hock, or heart feilure. List only of	dicetions thet caused one ceuse on each lin	the deeth. Do					Approx	
/Medical		Immediete Ceuse (Finel diseese or condition		STRO	KE				3	days
Examiner		resulting in deeth)	Θ	Due to (or es e		of):				-
D #	iner	_	b. BILATE	RAL CON	CATID .	TENOSIS				
68760, tificete be executed g physician and as the buriel-transit	Examiner	Sequentially list conditions,		Due to (or as e						
Se ex	<u>E</u>	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	c							
68760, ficete be ex physician is the burie	edicai	that Initieted events resulting In deeth) Last	1	Due to (or es e	consequenca o	f):				
\$ pa	-	L	d	_						
death cert death cert e ettendin od for use	ian									
the de sched	Physician	Pert II. Other significant conditions co	ntributing to deeth bu	ut not resulting I	n the underlyin	g cause given in Pert i		fd tobacco use co		6.0
det by							1	☐ Yee 2☐ No	3 Probably	4.∰ Unknown
ECOTGS, P.O. BOX ** requires that the death cer ** been signed by the ettendir 2 should be deteched for use	Completed by						24e. W	es an autopsy informed?	24b. Were euto evellable p completion of death?	opsy findings prior to n of cause
bag a	E O						11	☐ Yes 2 No	1 ☐ Yes	SINO NO
etor.	Be	25. Wes case referred to medical exeminer?				26. Plece	e of Deeth (Check on	ly one)		
d die	10	1 ☐ Yes 2 No	Hospitel: 1 Inpatie	nt 2 ER/O	utpatient 3	DOA Other: 4 Nu	ursing Home 5 R	esidence 6 Ott	ner (Specify)	
The The The The The The The The The The		27. Menner of Deeth 1 Naturel 5 Pending 2 Accident Investigation	28e. Dete of Injur (Month, Day		Time of Injury M	28c. Injury et Work?		e how Injury occur	red	
	Certification;	3 Suicide 6 Could not be 4 Homicide determined	28e. Plece of Injubuilding, etc	ury - At home, fe :. (Specify)	erm, street, fect	ory, office		(Street and Numi Town, Stete)	per or Rural Route	Number,
To the Hospital or within 24 hours efter To the Funeral Differ completely filled in	edicai (29e. Certifier 1M CertifyIng Phy (Check only one) 2 Medical Exam	sician: To the best of iner: On the basis of end menner ste	examinetion er	e, deeth occurre ad/or investigeti	ed et the time, dete en on, in my opinion, dee	nd plece, end due to the time	he cause(s) end m ne, dete end plece,	anner as stated. end due to the ce	use(s)
To the Withir To the	Me	29b. Signature end title of cartifier			2	29c. License number		29d. Dete signe	d (Month, Day, Ye	ear)
)(C., c	An			0.940	76	July	21,190	36
		30. Name end eddress of person who co	ompleted cause of de	eeth (Item 23a)	(Type, Print)	HUNG C	Na MD		- 1) * * *	
		30. Name and address of person who of HARBOR HOSPITM Co. 31. Date filed (Month, bey, Year) JUL 24 190	ENTER 20	v Sith	VOVER !	ST. RATIONAL	DZ MIN 20	1225		
St	ate	31. Dete filed (Month, Dey, Year)	32. Registre	or's Signeture			- 11 111			
Regist		JUL 24 199	16 July	ia Davidson	1- Randol	2.				

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State of Maryland / Department of Health and Mental Hygiene 96 2 8 4

					Cert	tificate o	f Death			Reg. No.		. 1 0	
	٦	1. Decedent'a Name (First, Middle, Las	t)					1	2. Dete of De	eth	V	3. Time o	of Death
Physici /Medic		Herbert O. Pie	erson Jr.						July	20, 199	6 Yeer	1:21	A.M.
Examin		4a. Fecility Name (If not Institution, give	street and number)				4b. City, To	wn, or Loca	ation of Deat	h 4c. Count	of Deeth		
		Harbor Hospita:						imore			/A		
Funeral Director		5. Sociel Security Number 6. Security Number 213-14-5121 Usuai Residence of Decedent	7. Age	(In yrs. last b	Yrs.	If Under 1 Yes Montha Day		Min.	B. Date of Bin (Month, De May 10	oy, Year)), 1922		laca (State otry) rland	or Foreign
yland		10a. State 10b. County		10c. City, To	wn or Loc	ation					1	Od. Inside C	ity Limits
uth with the Manylan 23e or 28e-1 show ust be notified at	ctor	Maryland Anne Art	undel	Balti	more							1 🗆 Yes	2XXN0
를 하고 28 20 28	Oire	10e. Street and Number				10f. Zip Code				10g. Citizen of	What Cour	ntry?	
ath w	rai	4400 4th Street					225			U.S.	Α.		
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Maryland of the mad Mental hygians. The marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar must be notified at	by Funeral Director	11. Marital Status 1 □ Never Merried 2℃Married 3 □ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 X Yes 2 □ N If Yes, Give Year or Dates:		l l	las Decedent o Yes, specify Cu ☐ Yes 2 🖾 N			ify Yes or No ican, etc.)	Specif	ck, White,		
15-002	etec	15. Decedent's Edi (Specify only highest gred		166	a. Decede	ent's Usual Occi ind of work dor O NOT use reti	upation e during mos	of working	2	16b. Kind of B	usiness/inc	dustry	
d 2121 filed within Hygiana. ther than "	Completed	Elementery/Secondary (0-12)	Coilege (1-4or 5-	- 1									
d 212 filed withi Hygiana. other than	ပ္ပ	8th Grade 17. Father's Name (First, Middle, Last)		L	ongsl	horeman		r'e Nama /	Eiret Middle	Shippi Meiden Sumar			
ore, Maryland 2. as 1 and 2 should be filed w the flash and Mental hygies flam 27 is marked other if r other traumatic event, in	To Be	Herbert O. Piers	son							ardener	110)		
shoul mark meri	F	19a. Informent's Name/Relationship (T		19	b. Meiling	Address (Stre	et and Numbe	er or Rural	Route Numb	er, City or Town	. Stete. Zio	Code)	
		Betty E. Pierson	n - Wife							Maryland			
altimore, M mit. Pages 1 and 2 partment of Health a portant: If Itam 27 ls y lojury or other tra		20e. Method of Disposition		20b. Piece	of Dispos	ition (Name of atory or other p	leca)	1	Date	20c. Location	City or To	wn, State	
Page Page net c		1 ☐ Buriel 2 【X】【Cremation 3 ☐ I 4 ☐ Donation 5 ☐ Other (Specify,				matory		7/	22/96	Baltimo	re Ma	arvlan	ıd
Baltimor permit. Pagas Department of Important: If its any Injury or o		21. Signature of Funerel Servica Licens	e. E. D	aves	22.	Name and Add	Iress of Fecilit	Geo	rge J	. Gonce timore N	Fune	ral Ho	ome
	-	23a. Pert1. Enter the disease, or comp shock, or heart failure. List only of	lications that caused	the deeth. Do				_				Approxima Interval Be	te
Physician											1	Onset end	Death
/Medical Examiner		Immediate Cause (Fine) disease or condition resulting in death)	CARD	IAC	A	ARES					(10m	ins
	7			Due to (or as a							i		
nsit ted	F		b. AS.C		_							204	RS-
58760, cate be axecuted physician and s the burial-transit	Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	11,00-	Oue to (or es e	consequ	ence of):					i	20 y	Rs -
68760, ificata be axe g physician e as the burial		that initieted events	c. MYPE	Oue to (or es e	17,16	3.AV						7	
5 0 8	n/Medical	resulting in death) Last	d	ode to (or es e	consequ	ence or).					1		
ds, P.O. Box lires that the death cer signed by the attendir d be datached for use	Physician/	Part II. Other significant conditions co	ntributing to death bu	t not resulting	In the und	derivino cause	niven In Part I		23b. Did	tobacco use co	entribute to	the cause	of death?
P.O	hys									Yes 2□ No			Unknown
S the se the de de de	by	PERIP HERA	L VAS	COCH	J	10120	332						
2 s b w	Completed by	GELD.	POLIO	,					24a. Was perfe	en eutopsy ormed?	av	ere autopsy aliable prior mpietion of death?	to
The la	Con								1 🗆	Yes 20 No	10	Yes 20	(No
of Vital Physician: The	Be	25. Was case referred to medical examiner?	I la dest.					of Death	Check only	one)			
Physic all din	2	1 ☐ Yes 2 ☑ No 27. Manner of Death	Hospitai:		·	3LI DOA				idenca 6 DOt		y)	
8 2 3	- Lo	1 ☑Netural 5 ☐ Pending	28a. Date of Injun (Month, Dey	Year) 285.	Time of Injury	28c. In W	juryat /ork? □Yes 2□I		d. Describe	how Injury occur	red		
O'S)	fical	2 ☐ Accident Investigation 3 ☐ Suicide 6 ☐ Could not be	28e. Place of Inju	ry - At home f	iarm stree				of Location (Street and Num	her or Rura	l Route Nur	nher
0.55	Certification:	4 ☐ Homicide determined	building, etc.	(Specify)	iaiiii, atiot	or, ractory, onic				wn, State)	507 57 71515	. 7 10010 1101	1001
To the Hospita within 24 hours To the Funeral completely freed	edicai C	29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Exami	sician: To the best of iner: On the basis of and menner stet	examination a	ge, death o nd/or inve	occurred at the estigation, in my	time, dete and oplnion, dea	d place, an	d due to the	cause(s) and m date and placa,	enner as st and due to	lated. the cause(s)
within 2 To the	Me	29b. Signeture end title of continue				29c. Lice	nse number			29d. Dete signe	d (Month,	Day, Year)	
		19/ Lu	arun 1	mo o		1)	77	53		7-	12	-96	
	-	30. Name and address of person who co	ompleted cause of de	ath (Item 23a)	(Type, P	rint)				-			
		Dr. K. Dharmas	sena	710	Chur	ch Str	eet	Ba1	timore	Maryl	and-2	1225	
Sta	te	31. Dete filed (Month, Pay, Year) JUL 24 199	32. Registra	r's Signeture					- wallot C	, raryr	anu Z	1225	
Registr	ar	OOL 64 199	0 Fish	· Davidson	n-Han	delle							

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tificate of Death		-	~	-			

	asp			State of Maryl		Department of Certificate o		Mental Hy	rgiene 9	6 2	1815
	Physic /Medi		1. Decedent's Name (First, Middle, La JOHN	st)		OLUCCI		2. Date of De Month		1 ^Y 9 ⁹ 96	3. Time of Death 9:10
	Exami		4e. Fecility Neme (If not institution, given 3114 HILLTO)				4b. City, Town, or L	IMORE	BALT		E
	Funeral Director		5. Scoial Security Number 6. S 097-48-5559 Usuel Residence of Decedent	Sex 7. Age (In) 3 M 2 □ F 4		hday) If Under 1 Ye Months Day		8. Date of Bi (Month, Di SEPT •	1, 1954	9. Birthp Coun	lace (State or Foreign
	Maryland a-f show	ctor	10a. State 10b. County MARYLAND BALTI		•	or Location ALTIMORE				1	0d. Inside City Limits
	3e or 28	Il Director	10e. Street and Number 3114 HILLTOP AVE	NIIF		10f. Zip Code	227		10g. Citizen of	What Coun	itry?
020	72 hours effer deeth with the Maryland natural; or items 23s or 28s-f show deal Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married Married 3 Widowed 4 Divorced	12. Was Decedent Ever II Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:	n U,S.		f Hispanic Origin? (Spuban, Mexican, Puerto	pecify Yes or No Pican, etc.)	o- 14. Rac	ce - Americ ck, White,	
15-0	in 72 hours "natural", ed cal Exc	Completed	15. Decedent's Ed (Specify only highest gra	ducation ade completed)	16a.	Decedent's Usual Occ (Give kind of work dor	ne durina most of worl	king	16b. Kind of B		
212	filed within Hygiene. other than "	Сто	Elementary/Secondary (0-12)	College (1-4or 5+)		life. DO NOT use retained.	MANAGER		RE	STAUE	RANT
Maryland 21215-0020	ed fa	To Be (17. Father's Name (First, Middle, Last, DONATO PAOLUCCI				18. Mother's Nam			ne)	
lary	and and sm	_	19a. Informant's Name/Relationship (19b.	Mailing Address (Stre	et and Number or Ru	ral Route Numb	er, City or Town,	Stete, Zip	Code)
3, 2	E = 0 F		DIANE PAOLUCCI /	WIFE	RIVE, FREI	DERICKS	BURG, VI	RGIN1	A 22407		
Baltimore,	Peges 1 annent of Healt int: If Item 2:		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specified)	Removel from State	cemetery	Disposition (Name of y, crematory or other p PARK CEME	J.	JLY 25, 1996	BALTIM		wn, State MARYLAND
Balt	permit. Peges Department of I important: If Ite any Injury or of		21. Signature of Funeral Service Licer	S Dimu	end		ress of Fecility ARK FUNERA				
	Dharistan		23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that ceused the done cause on each line.	eath. Do n						Approximete Intervel Between Onset and Deeth
	Physician /Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death)	a. Atherosc Due to		c Cardia	vaseul	ar E	iseas	٥	
· ·	cate be executed ohysician end the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. Due to	o (or es a c	onsequence of):				1	
68760,	death certificate be executed e attending physician end of for use as the buriel-transit	dical	cause. Enter Orderlying Cause (Disease or Injury that initiated events resulting In death) Last	c. Due to	o (or es a co	onsequence of):					
Box	eath certific attending p I for use as	lan/		d							
P.0.	es that the de igned by the a be detached f	/ Physician/Me	Pert II. Other significant conditions of	ontributing to death but not	resulting In	the underlying cause	given In Part I.				the cause of death?
Records,	aw requires is been sign 2 should be	Completed by						perfe	an autopsy ormed	ava	ere autopsy findings allable prior to appletion of cause death?
/ital F	cian: The la entificate he ector, page	e Cor	25. Was case referred to medical				00.01	1/2	Yes 2□No	1 🗆	Yes 2□ No
=	oct oct	Ď	examiner?	11 12 1			26. Place of Dear	in (Check only	one)		

is certificate hes been director, page 2 shou Division of Vital Reco spital or Attending Physician: The law re-

25. Was case referred to medical 26. Place of Death (Check only one) examiner? 1 XYes 2 No Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA

28a. Date of Injury (Month, Day Year)

28b. Time of Injury

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 28c. Injury at Work?

1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29c. License number

O.C.M.E

5 Pending investigation

6 Could not be determined

29d. Date signed (Month, Dey, Year) JULY 23,1996

pleted cause of deeth (Item 23a) (Type, Print) 30. Name and address of person who

111 Penn Street, Baltimore, Maryland 21201

State Registrar

Medical Certification: To

27. Manger of Death

1 Natural

2 Accident

4 Homicide

29b. Signature and title of certifier

31. Date filed (Month, Day, Year)

3 Sulcide

29a. Certifier (Check only one)

Dennis

The state of the control of the control of the state of t ended of the Seems timble make a pass for a great sector of

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

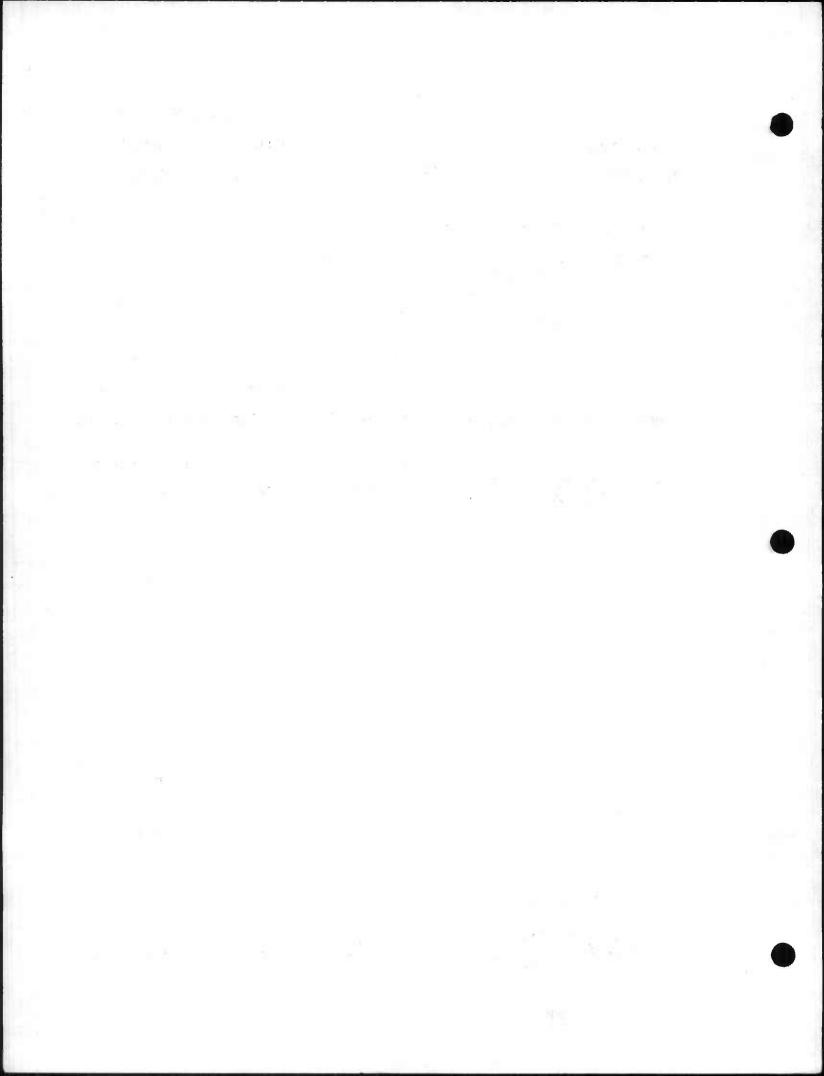
FOR

item #24a, 29d, filmg 737, 7/24/96,cyw, per DR. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	OF DEATH	REG. N	10.						
d,	1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN MONTH DAY YEAR 3. TIM												
	Solomon Lloyd Purdie July 14 1996 0134												
			In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTN	PLACE (State or I	Foreign			
ŀ	240-10-7739	M2 □ F	91 YRS.	MONTHS DA	YS HOURS MIN.	May 12,		N .	" Caroli	na			
	9a. FACILITY NAME (If not institution, give street		J1 .	9b. CITY, TO	WN OR LOCATION OF DE			NTY OF O		11.0			
DIRECTOR	Deaton Nursing				ltimore	<u> </u>		N	/A	1			
3	10a. STATE 10b. COUNTY			10d. INSIDE CIT	TY								
5	MD N	/A		BALT	IMORE				LIMITS?	NO			
- 1	10e. STREET AND NUMBER	,			101. ZIP CODE		10g. CIT	IZEN OF W	VHAT COUNTRY?				
FUNERAL	834 WHITMORE A			_	2121			US.					
R	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR O	2 XNO	If ye	DECENDENT OF NISPAI s, specify Cuben, Maxice YES 2 NO Specif	in, Puerto Rican, etc.)		14. RACE Black Specif	E — American inc k, White, etc.				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		16a. OECEDENT'S	USUAL OCCUI	PATION	16b. KIND OF	BUSINESS/INC	USTRY					
Į.		College (1-4 or 5+)	life. Do NOT us	se retired.)	g most of working		Steel						
<u> </u>	8th		Steve	dore			Sceer						
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mak	den Surname)						
2 2	James Purdie				Iren	e Purdi	е						
0	190. INFORMANT'S NAME (Type/Print) 190. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 190. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 834 Whitmore Avenue, Balto., MD 2121												
	Dora Purdie/wife												
ĺ	15 Buriel 2 Cremetion 3 Remove	20e. METNOD OF DISPOSITION Surial 2 Cremetion 3 Removal from State											
	21. SIGNATURE OF FUNERAL SERVICE LICENSES. 22. NAME AND ADORESS OF FACILITY												
	*Klroy	O. Kes	ett	LEF	ROY O. DY	ETT & S		ON FUNERAL HOME TS AVENUE 21207					
	23. PART Letter the disease, or complications that careed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, about, or heart fallers. List only one cause or each line.												
	IMMEDIATE CAUSE (Fine)												
	disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF): Multiple rupeated wounds 1 //												
RIFICATION	Sequentially list conditions, for any leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): The of any well is the conditions of t												
4													
음	CAUSE (Disease or Injury												
	resulting in death) LAST	that initiated events											
5	d												
A.	PART II. Other algnificant conditions	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMEO? AMAILABLE PRIOR TO											
3						1 🗆 YES	8 2 NO		OF DEATH?	FCAUSE			
M									1 TYES 2	NO			
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN												
SICIAN:	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	LOCDITAL :	26. PLACE OF DEA		one)								
	4	HOSPITAL:	petient 3 🗆 DOA	OTHER:	Nome 5 🗆 Residenca	8 Other (Specify)							
PHY	27. MANNER OF OEATN	28e. OATE OF INJURY (Month, Day, Year)	28b. TIR	E OF 284	E. INJURY AT WORK?	28d. DESCRIBE NO	OO YRULNI WO	CURED					
≻	1 Natural 5 Pending 2 Accident Investigation	,,			YES 2 NO								
ED B	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, atc. (Spe-	(— At home, farm, cf(y)	street, factory,	office	281. LOCATION (Str. City or Town, St		r or Rural I	Route Number,				
	290. CERTIFIER		2007 375-51		, caracteristics		37.7						
COMPLE	(Check only one) 1 CERTIFYING PNYSICIA MEDICAL EXAMINER:	The second second second							e) end manner es	stated.			
8													
N N	29b. SIGNATURE AND TITLE OF CERTIFIER	7 1 2			29c, LICENSE NU	MBER			15, 1996	ir)			
2	" your	un s	AT11 ((FE11) = -	0.45**	1054	714.							
-	30. NAME AND ADDRESS OF PERSON WHO IS SEED TO	COMPLETED CAUSE OF DE	blace	2 #	121, (0	lumb	ia,,	M	22100	45			
	31. DATE FILED (MOOTH, Day, Yar) 1996	32. REGISTRAR'S SION	NATURE SOME PROPORES	2									

State of Maryland / Department of Health and Mental Hygiene

						Certificate of	Death		Reg. No.	10 2	1011	
	Dhusia	:a=	1. Decedant's Nama (First, Middla, La	st)				2. Data of D Month	eath Dev	Yaer 3	3. Tima of Death	
	Physic /Medi		JANE 1	2	10	muga		Juli			2:55 PM	
	Exami		4a. Facility Neme (If not institution, giv	a street and number)			4b. City, Town, or L	ocation of Dea	th 4c. County	of Death		
L			Anne Arundel Ge			Williada 4 Vana	Annapolis			Arundel		
	Funeral Director		5. Social Sacurity Number 331-18-3647 Usual Rasidance of Decedant	ax 7. Age (In yrs. last bir , 83	thday) If Undar 1 Yeer Months Days		(Month, D	irth ay, Year) 6, 1912	9. Birthplece Country) Illine	e (Stata or Foreign O i S	
	yeur lend	10a. Stata 10b. County 10c. City, Town or Location									Insida City Limits	
	Ba-f sh	Funeral Director	Maryland Anne Aru	ndel	Annap	olis				1 □ Yas 2 No		
	vith th	F	10e. Street and Number		·	10f. Zip Coda			10g. Citizen of \	What Country?		
	ath v	rai	570 Bellerive Dri			21401			USA			
	er de Nem	Š	11. Marital Status	12. Wes Decedant Eve Armed Forces?	ar in U,S.	13. Was Decedent of It Yas, specify Cub	Hispenic Origin? (S) ean, Mexican, Puert	oecify Yas or N Rican, atc.)	o- 14. Rec Biad	e - American I ck, Whita, atc.	ndien,	
020	ges 1 and 2 should be filed within 72 hours after death with the Meryland tof Health and Mental Hyglane. If Item 27 is marked other than "natural", or Items 23a or 28a-f show or other treumatic event, the Medical Examinat	þ	1 ☐ Navar Married 2 ☐ Married 3 🛱 Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☒ No It Yas, Giva Yaar or Datas:		1 ☐ Yas 2 ☒ No	Specify:		Specify	y.White		
21215-0020	natur	Completed	15. Decedant's Ed (Specify only highast gra	lucation da complated)	16a.	Decedent's Usual Occu (Giva kind of work dona lifa. DO NOT usa retire	pation during most of work	king	16b. Kind of Bi	usiness/Indust	ry	
12	withir ane. than	E	Elementery/Secondary (0-12)	Collega (1-4or 5+)		Clerk	ю)		1.5	haanu		
	Hygir Hygir		17. Fathar's Name (First, Middle, Last,			Clerk	18. Mothar's Nam	na (First, Middle	L. I a, Maiden Suman	brary na)		
Maryland	id be ental ked o	To Be	Unknown				Unknowr			Richardson		
ary	should and Men marke umatic	-	19a. Intormant's Name/Relationship (Type, Print)	19b	. Mailing Addrass (Stree						
	and 2 salth e n 27 is		Bonnie L. Baker/F	ersonal Rep). 7	635 Paradis	se Beach F	Road, Pa	asadena,	MD 211	122	
ore	S 1 8 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		20a. Method of Disposition		20b. Place of	Disposition (Nama of	ice)	Data	20c. Location -	City or Town,	Stata	
Baltimore,	permit. Pages 1 and 2 should be filed within Department of Health end Mental Hygiene. Important: If Item 27 is marked other than any injury or other treumatic event, tre Meone.		1 ☐ Burlel 2 ☒ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specification 5 ☐ Othar (Specification 5)			Crematory, I		Jul.24	Baltimo	re, Mar	ryland	
alt	Departri Importa any inju		21. Signature of Funeral Service Lion	1500		22. Nama end Addre	ess of Fecility	1 11	D 4			
0	80 5 5 8		July &	-		Stalling	s Funeral	Home,	P.A.	D 2112	2	
			23a. Part1. Enter the diseasa, or com shock, or haart failure. List only	olications thet cau d th	e daeth. Do r	not anter the mode of dy	ing, such es cardiec	or raspiratory	errast,	Apr	proximata arval Between	
	Physician			,						On	set end Death	
	/Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in deeth)	a 1- you	DOLS	consequence of):	HOCK					
		-	rasuling in deem)	Du	a to (or as e	consequance of):				i		
	pe list	듵		B. SEP113		,						
-	el-tre	Examiner	Sequentially list conditions, if eny, laading to immediata cause. Entar Undarlying Ceuse (Diseasa or Injury			consequence ot):						
68760,	that the death certificete be executed ed by the attending physicien end detached for use as the buriel-trensit	edicai	thet initiated evants			TRAZT	NPECT	~				
68	ifficet g phy es th	Medi	rasulting in death) Lest		910 (01 83 8 0	onsequance or,						
Вох	endin r use			d								
	deat of for	Physician	Part It. Other significant conditions of	ontributing to death but r	van in Part I.	23b. Dtd tobacco use contribute to the cause of death?						
P.0	res that the de igned by the a be detached	Phy								3 Probabl	ly 4 🗆 Unknown	
	es the	by										
of Vital Records,	lew requires es been sign 2 should be	pet						24a. We per	s an autopsy formed?	availab	autopsy findings ble prior to	
ec	hes b	Completed								of daat	etion of cause th?	
E	E age	ပိ						1 🗆	Yas 25No	1 □ Ye	es 2 No	
N K	delan: The	Be	25. Was casa raterred to medical axaminar?	Hospital:		0	28. Place of Dee	th (Check only	ona)			
To	事	. To	1 ☐ Yas 2 ☐ No 27. Mannar of Death	1 28a. Data of Injury	-	thatient 3LI DOA			how injury occur			
0	ding h. After funer	tion	1 ■Natural 5 □ Panding	(Month, Day Y	ear) 200. I	njury Wo	rk?]Yas 2⊡No	200. Describe	now injury occur	160		
Divisio	if or Attending efter death. Director: After d in by the fune	fica	3 ☐ Sulcide 6 ☐ Could not be		- At homa, fa	rm, street, factory, office		28t. Location	(Street and Numb	ber or Rural Ro	outa Number,	
á	F 0 E C	Certification:	4 Homlcida	building, afc. (,		City or To	iwn, Stata)			
	To the Hospital of within 24 hours of To the Funeral Discompletely filled in	edicai C	29a. Cartifier (Check only one) 1 Certifying Ph	ysicien: To the best of n liner: On the basis of ax and menner state	amination end	, daath occurrad at the ti	me, deta and piace, opinion, daath occur	and dua to the	a causa(s) and ma , data and place,	annar as stated and due to the	d. ceuse(s)	
	within 2 To the	Me	29b. Signature end titla of certifier	_		29c. Lican	sa number		29d. Data signe	d (Month, Day	, Year)	
	/		· OF				31-77		-			
	6		30. Nama end addrass ot person who	comp alled causa of deat	h (Itam 23a) (511/		1-0	1-96		
			Anthony Caputo, I	1.D., 139 0	ld Sol	omons Islan	d Road, A	nnapoli	s, MD 21	401		
	Sta	ite	31. Data tiled (Month, Day, Year)	2. Ragistrar's								
	Registr	ar	JUL 24 1996	gui Laur	son-Har	Katha						

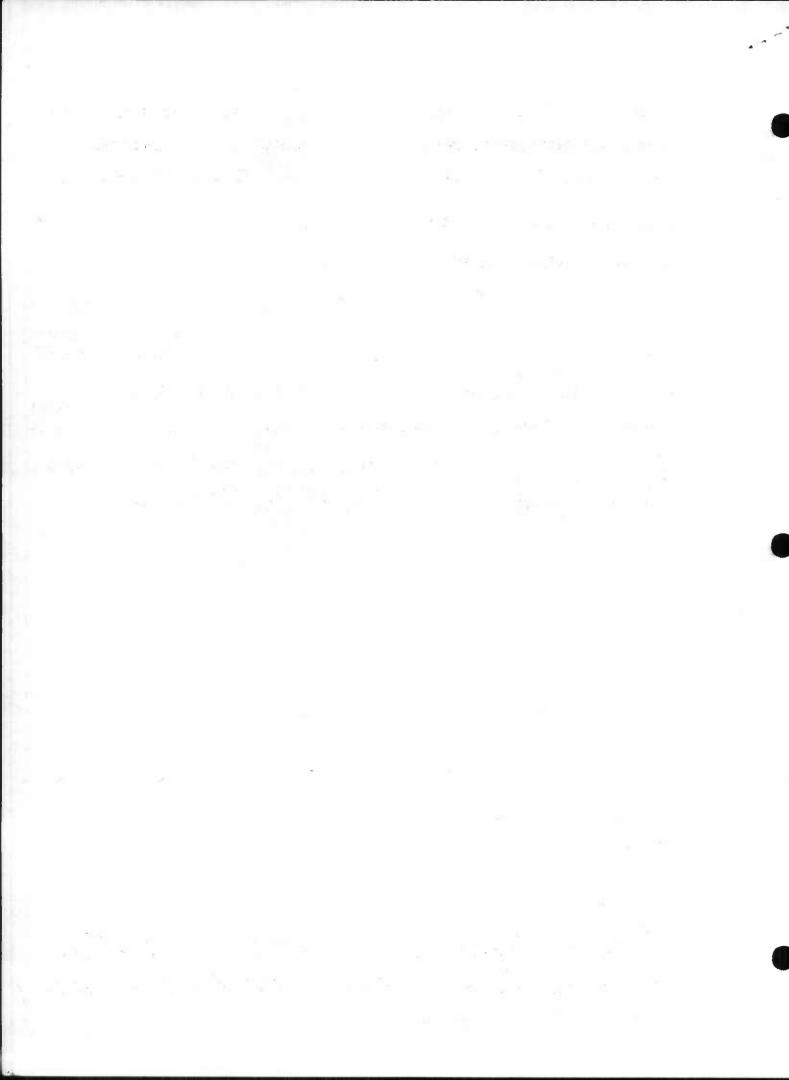


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

96

					Cei	unca	le oi	Deam			Reg. No.			
Dhysisian		Decedent's Neme (First, Middle, I	Last)						2	2. Dete of De Month	eth Dey	Yeer	3. Tin	e of Deeth
Physician /Medical		RICHARD GEO	RUI	ROLI	ER				.7	ULY		1996	00	15
Examiner	-	4e. Fecility Neme (If not institution, g	rive street and nu					4b. City, To		ition of Death		nty of Deeth		
EXCITITIO!	1	GREATER BALTIMO	DE MEDT	CAT CEN	משחו			morac	7037		ח מו	- MTMO	0.5	
			Sex		. last birthday)	If Unde	r 1 Yeer	TOWS	A	. Dete of Birt		LTIMO		ato or Eossi
eral ctor			# M 2□ F	41	Yrs.	Months		Hours	Min.	(Month, Da	y, Year)	Co	untry)	ate or Forei
tor		Usuel Residence of Decedent		1.1						icatai	1414	MAR	YLAC	0
	- 1-	10a. Stete 10b. County		10c. C	ity, Town or Lo	cation							10d Ineir	le City Limi
١١														Yes 251
S S	ž /		2500	1	SUGAT			N						100 2,11
al Director		10e. Street and Number		\cap		10f. Zi	p Code				10g. Citizen o	of What Cor	untry?	
a	0	SIS OTO HAVE	W 213	1 1606	20		211	102			V.	- S. A	-	
	5	11. Meritei Stetus		edent Ever in	U,S. 13. \	Vas Dece			gin? (Speci	fy Yes or No can, etc.)	- 14. R	leca - Amer		n,
		1 Never Married 2 Merried		ZE No						can, etc.)	В	lleck, White	e, etc.	
2	2	3€Widowed 4 ☐ Divorced	Yes, Gi	etes:		I □ Yes	28 No	Specify:			Spec	olfy: (1)	4.15	
Completed	3	15. Decedent's	Education		16a. Deced	lent's Usu	el Occur	pation			16b. Kind of	Business/I	ndustry	
들		(Specify only highest g			(Give	kind of wo	ork done ise retire	during most	t of working		BANTI	more	Love	17
E		Elementery/Secondery (0-12)	Coilege (1-4or 5+)	FIG		AC				FIRE	Oxpa	aim	Toe
ပိ	ا ز	17. Fether's Neme (First, Middle, La	ef)		1.11	~ (111	18 Mothe	r'e Name /	Firet Middle	Malden Sum			13 12
Be	Ď	C11 - 01 . 0	V Qu	- 0				0		0 .0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	A		
P	2	CHARLES 160	X 1/OT	The Sur				100	212	10-1	IHATO	3		
		19e. Informent's Neme/Relationship	(Type, Print)		19b. Meilin	g Addres	s (Street	and Numbe	er or Rurai F	Route Number	er, City or Tow	m, State, Z	ip Code)	1,139,1
	1	BARBARA IC. 1	CLOACLS		12.0.:	井十	30	XHY	34	(275)	Kock	120	USYL	MANIS
	- 1	20a. Method of Disposition	По		Pleca of Dispo cemetery, cren	sition (Na	me of other ple	ce)	1	Dete	20c. Locatio	n - City or	Town, Stel	0
		1 Buriel 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spec		Stete	4200 h	1/01/	1546	Brok		1991	12000	Sum	Ca	alve
	1	21. Signature of Funeral Staylog Lic		0	22	Name e	nd Addre	ess of Facilit		1116	limpo	7101.	A IEA	Grad
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_	1	Korb VEN	Donna			2323		ORK 1	CAD		JON!	no		
		23a. Pert1. Enter the diseese, or co shock, or heert fellure. List on	mplications that on	aused the dec	th. Do not ente	er the mod	de of dyi	ng, such es	cardiec or r	respiratory a	rrest,		Approx	imete Between
an	1											1		and Deeth
al		Immediate Cause (Final disease or condition	CARD	TAC ARE	EST							1	Main	IITC
er		resulting In deeth)	ө.										MINUTES	
ē	5				or es e conseq							1	400	10 -
들			b. CONG		HEART I								100	128
Examiner	4	Sequentially list conditions, if any, leeding to immediate		Due to	or es e conseq	uence of)	:					i		
		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Disease or injury that left letter exercises.	c									j		
음	3	thet initieted events resulting in death) Lest		Due to (or es e conseq	uence of):						į		
Wedical Examir	Ē											1		
			- 0											
200	2	Pert It. Other significant conditions	contributing to d	eath but not re	sulting in the ur	nderlying	cause gh	ven in Pert t		23b. Did	tobacco use	contribute	to the car	se of dea
Physicia										10	Yes 2□ No	3 Pr	obably	4 JUnkne
by													111000	A
											an eutopsy	24b. V	Vere euto	sy finding
Completed										perfo	rmed?	, 0	veilable p	
운	1											/ °	of deeth?	/
3	5									10	res 2 No	1	Yes	2 No
Be		25. Wes case referred to medical examiner?						28. Place	of Deeth (Check only o	me)			
2		1 ☐ Yes 2 No	Hospitei:	Inpatient 2	ER/Outpetien	t 3 D	OA Oth	her: 4 🗆 Nu	ırsing Home	5 Resid	dence 6 🗆 C	Other (Spec	cify)	
		27. Menner of Death	28e. Dete	of Injury	28b. Time of		28c. Injui Wo	ry et	28	d. Describe I	scribe how injury occurred			
읖		Neturel 5 Pending 2 Accident investigeti		th, Day Year)	Injury	М		rk/ Yes 2∐!	No					
150		3 ☐ Suicide 6 ☐ Could not	be 28e Piece	of Injury - At I	nome, ferm, str	eet fector	v. office		28	f. Location (Street end Nu	mber or Ru	ral Route	Number.
Certification:		4 ☐ Homicide determine	buildi	ng, etc. (Spec	ify)	001, 100101	y, omou			City or To	vn, State)		74. 110510	
ŭ		20- O-4ff 4ff 10-10-1							Dec 4115.7				rat the are	
edical		(Check only 2 Medical Ex	Phyeician: To the aminer: On the b	best of my kn asis of examin	owledge, deeth etion end/or inv	occurred restigation	et the time	me, dete and opinion, deel	d plece, and th occurred	d due to the et the time.	cause(s) and dete end piec	manner as e. and due	steted.	se(s)
Pe		one)	end men	ner steted.							11			
2	1	295. Signature and title of certifier	1/0.	1/2	1.	29	c. Licens	se number	—		29d. Date sig	ged (Month	Pay Yo	yf
		1 man	XCOX	elen	MW	2	10	119	155		7/	221	76	2
	1	30. Neme end eddress of person wh	o completed caus	e of death (Ite	m 23e) (Type	Print)					-	-1	1	
		MARK = KI	DIA	11 4	170	771	Uni	nle	Mal	110	NICTO	11/1	1.1	711
C	1	31. Dete filed (Montif, Day, Year)	22 5	egietrer's Sign	ature / D		101	-,-,		.,,,,,,	17010	10 10	M	41
State	"	Solo mos (mornin, Day, 1981)	1. 2	7	and a									



State of Maryland / Department of Health and Mental Hygiene

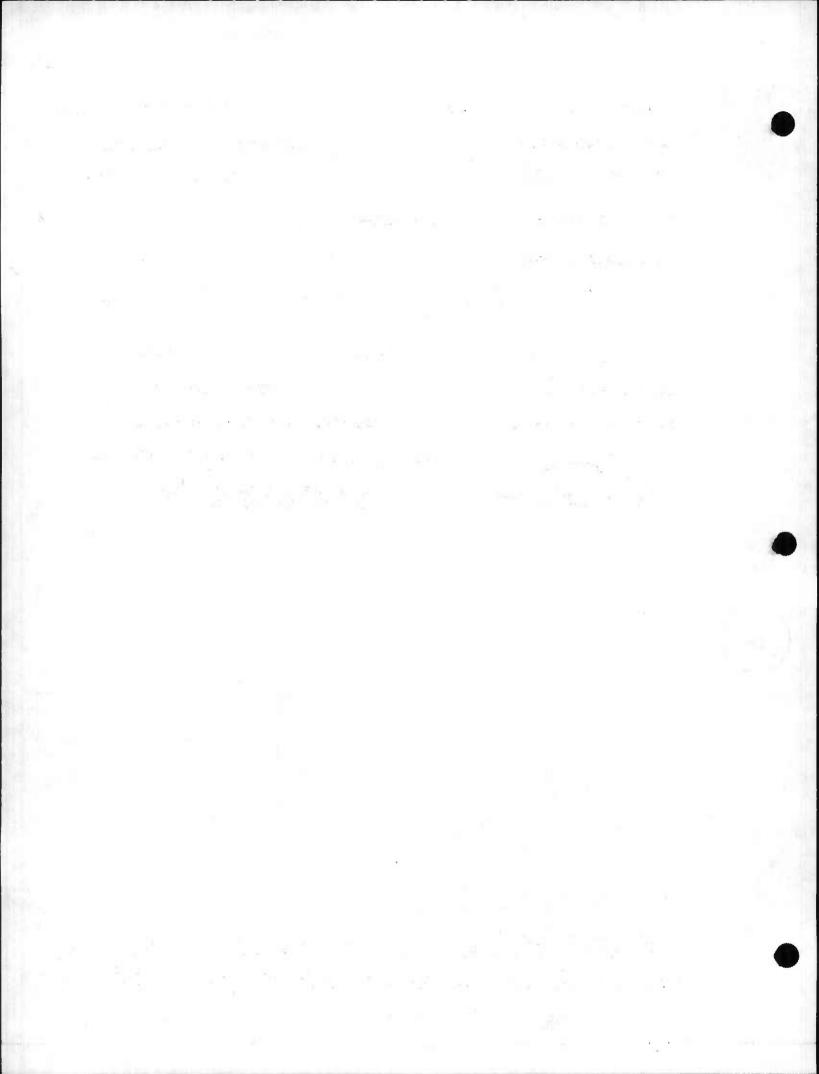
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Dey William Rutkowski July 20, 1996 12 45 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 6821 Boston Ave. Baltimore Dundalk If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth Months Deys Hours Min. Feb. 1, 1921 Maryland 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** Months 1**∑**M 2□ F 218-09-5668 75 Yrs. Director Usuel Residence of Decedent with the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "naturel", or items 23s or 28s-f show other traumatic avent, the Medical Examinat must be notified at Md. Baltimore Dundalk 1 Tes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6821 Boston Ave. 21222 USA permit. Pages 1 end 2 should be filled within 72 hours after deeth v. Department of Heelth and Mental Hyglene.
Important: if item 27 is marked other than "natura." Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Meritel Stetus 1 Never Merried 27 Merried 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Detes: 1 ☐ Yes 2√2 No Specify: White þ 3 Widowed 4 Divorcad Completed 16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 10 yrs. Tool & Dye Maker Martin-Marietta 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) Anthony Rutkowski Ida Bujanowski 19e. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Genevieve Rutkowski 6821 Boston Ave. Dundalk, Md. 21222 20b. Pieca of Disposition (Name of cametery, cremetory or other pleca)
Sacred Heart of Mary 20e. Method of Disposition Dete 20c. Location - City or Town, Steta 1 Burlei 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 7-23 Dundalk 21. Signeture of Funegai Service Licensee 22. Name and Address of Facility Connelly Funeral Home Of Dundalk 7110 Sollers Ppoint Rd. 23e. Part1. Enter the disease, or complications that caused the death. Or not enter the mode of dying, such as cardiac or respiratory errest, shock, or haart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediete Cause (Final disease or condition resulting in deeth) · MALIGNANT SARCOMA 15 MONTHS Examiner Due to (or as e consequence of): Examiner Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Cause (Diseese or Injury that initiated events resulting In deeth) Lest and Due to (or es e consequence of): physician /Box 68760 Physician/Medical 200 Due to (or es e consequence of): 987 Pert It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Dfd tobacco use contribute to the cause of death? 4 ds P.O. signed by 1 Yes 2 No 3 Probably 4 Unknown ò 24b. Ware autopsy findings eveilable prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed Division of Vital Rec has page 2 1 ☐ Yes 2 ☑ No 1 Yes 2 No certificate Attending Physician: 25. Wes case referred to medical examiner?
1 ☐ Yes 2 ☑ No Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4□ Nursing Home 5 PAesidenca 6 □ Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 결 28a. Dete of Injury (Month, Dey Year) uneral 27. Menner of Death 28b. Time of 28c. tnjury et Work? 28d. Describe how injury occurred After 1 Neturel 5 Pending 1 Yes 2 No investigation 2 Accident I or Attend after death Director: 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicida To the Hospital of within 24 hours at To the Funeral Di completely filled in 29a. Certifier 1 🗹 Certifying Physician: To the best of my knowledge, deeth occurred et tha tima, date end plece, end due to tha causa(s) and menner es steted. Medical (Check only one) 2 Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the cause(s) end menner steted. 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Dev. Year) Louglas D 47398 JULY 22. 30. Name and address of person who completed cause of deeth (Itam 23e) (Type, Print) DOUG LAS SM ITH BALTO. MD 21287 600 WOLFE 57. N. 31. Data filed (Month, Day, Year) 32. Registrer's Signeture State rulia Da Vidson-Randoll Registrar

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene 05 21020

					Certific	cate of	Death		Reg. No.	0 4	1020		
Physicia	an	1. Decedent's Neme (First, Midd						2. Dete of D Month	eeth Dey	3. Yeer	Time of Deeth		
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urs e	by	1 ☐ Never Married 2 ☑ Ma 3 ☐ Widowed 4 ☐ Divorce	If Yes, Give	Amed Forces? If Yes, specify Cu 1 ☑ Yes 2 ☐ No If Yes, Give 1 ☐ Yes 2 ☒ No Year or Detes:				sito rilozii, etc.)		Specify: WHITE			
n 72 hours natural',	Completed	15. Decede	nt's Education	16	e. Decedent's	Usuel Occup	pation		16b. Kind of E	Business/Industr	y		
	pie	(Specify only higher Elementery/Secondery (0-12)	est grede completed)	College (1-4or 5+)			(Give kind of work done during most of wor life. DO NOT use retired)						
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ges 1 end 2 should be filed withing tof Health and Mental Hygiene. If item 27 is marked other than or other traumatic event, the Mental Health and Mental He		20e. Method of Disposition	ICI / HII L	20b. Plece	of Disposition	(Name of		Dete		- City or Town,	Stete		
Pa In		1 ☐ Burlal 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Cilie ☐		tete	PO CRE		,	7/22/96					
permit. Pa Departmen Important: any injury once.		21. Signature of Funeral Service	Licentee			VACH/F		FUNERAL					
	-	23a. Pert1. Enter the disease, o shock, or heart failure. Lis	r complications that cau	used the deeth. Do	not enter the			AVE 2123		And	proximete rvel Between		
	al Examiner	resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Díab . Hype	b. Diabetes mellitus Due to (or es e consequence of): Whypertension Yrs									
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of the control of the	an		_ 0								/		
4 2	sic	Pert II. Other eignificant conditi	ing cause giv	ven in Pert I.	23b, Did	tobacco uae co	use contributs to the causa of death						
igned by the	by Physician/			1 🗆	Yes 2 No	/ 4 ☐ Unknow							
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ffer t	OU:	 Manner of Deeth Meturel 5 ☐ Pendi 	28e. Dete of (Month,	Injury 28b.	Time of injury	28c. Injui Wor	ry et rk?	28d. Describe	e how injury occurred				
or death. ector: After by the fune	cati	2 ☐ Accident invest	gation 07		М	10	Yes 2 □ No						
within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	Certification:	3 ☐ Sulcide 6 ☐ Could 4 ☐ Homicide determ	nined 286. Piece of	f Injury - At home, i , etc. (Specify)	ctory, offica	28f. Location (Street and Number or Rural Route Number, City or Town, State)							
within 24 hours To the Funeral completely filled	edicai	29e. Certifier 1 Certifyli (Check only one)	ng Physician: To the be Examiner: On the basi end menne	is of exeminetion e	e, deeth occu nd/or investige	rred et the tir etion, in my o	me, dete end ple opinion, deeth oc	ce, end due to the curred et the time,	ceuse(s) end m date end placa,	enner es steted end due to the	ceuse(s)		
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State of Maryland / Department of Health and Mental Hygiene 9.5

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	Examir		4e. Fecility Neme (If not Institution, give	e street and number)			4b. City, Town, or L	ocation of Death			
			Northwest Ho	spital Cer	He	C P	andallsto	m, na	a Bal	timor	e Co.
-	Funeral		5. Social Security Number 6. \$	ex, 7. Age (In yrs.	lest birtho	Months Days	If Under 24 Hrs. Hours Min.	8. Dete of Birtl (Month, Da)	h (, Year)	9. Birthplece Country)	(Stete or Foreign VA.
	Director		217-12-0186 Usuel Residence of Decedent	7	0			march	3, 1924	<u> </u>	V 1 1 0
	yland		10e. Stete 10b. County		ty, Town o					10d. 1	nside City Limits
	the Manylar 28a-f ehow	ctor	MD. N/A	BA	ALTI1	MORE				3	Yes 2□No
	th with the Maryla 23a or 28a-f ehon	Dire	10e. Street end Number			10f. Zip Code			10g. Citizen of V		
	ath w	rai	124 W. FRANKLII			2120			U.		
0	be filed within 72 hours after death with the Maryland lel Hygiene. d other than "natural", or frems 23a or 28a-f ehow event, the Medical Examiner must be notified at	Funeral Director	11. Meritel Stetus 1 Never Married 2 Merried	12. Was Decedent Ever in U Armed Forces? 1 Yes 2 No If Yes, Give	J.S.	13. Wes Decedent of h		pecify Yes or No- Rican, etc.)		e - American Ir k, White, etc.	
00	ral',	by	3 Widowed 4 □ Divorced	Yeer or Dates:		1 ☐ Yes 2 ☒ No	Ѕреспу:		Specify	BLAC	K
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	(4 - 4		HERBERT HAWKI	NS	37	00 CLIFM	AR Rd. H	BALTIMO	MORE MD. 21244		
ore,	of He		20e. Method of Disposition		Plece of D	isposition (Neme of crematory or other pla		Dete	20c. Location -		State
Ē	Peg nent ant: H		1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify			EMORIAL :		7/23/9	6 BA	LTIMO	RE MD.
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7	/Medical Examiner		Immediete Cause (Finei diseese or condition resulting in deeth)	DIAB	ET	ES					
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Sio	Attending or deeth. ector: After by the fune	Certification:	2 Accident investigation		,.		Yes 2 □ No				
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	6	-	30. Name end eddress of person who	completed cause of deeth (item	n 23a) (Ty	pe, Print)	, ,			0.0	, isalf.
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	Registr —	ar	1000	a fre well do	1101	page.					

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** CHARLOTTE SCHWARTZTRAUBER JULY 1996 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner CENTER RANDALLSTOWN HOSPITAL BALTIMORE NORTHWEST 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1 M 2 XF Director 220-12-4794 Feb. 16, 1926 Maryland Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore Baltimore Director 1 ☐ Yes 27 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? the Medical Examiner must be 2913 N. Rolling Road Berns 23a 21244 United States Funeral 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 전 No
If Yes, Give
Yeer or Detes: 14. Rece - American Indien, Bleck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-lif Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 □ Never Merried 2 □ Merried 6 Maryland 21215-0020 1 ☐ Yes 2 ☐ Xo Specify: Specify: white þ 31☑ Widowed 4 □ Divorcad "natural". Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry should be filled within 7; and Mental Hygiene, americad other than "na Elementery/Secondery (0-12) College (1-4or 5+) 10 teller banking permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked othat any injury or other traumatic event. 17, Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be William S. Norfolk 2 Ella M. Fitzgerald 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Grace Stultz, daughter 2760 Yarnall Road Baltimore, Maryland21227 Saltimore. 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetlon 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Maryland National 7/19/96 Laurel, Maryland 21. Sig 22. Name end Address of Fecility Ambrose Funeral Home of Lansdowne Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cadse on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediete Cause (Finel diseese or condition resulting in deeth) METASTATIC CARCINOMA OF COLON Examiner Due to (or as e consequence of): physician and s the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Box 68760. Physician/Medical Due to (or es e consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Dunknown PNEUMONIA þ 24b. Were autopsy findings aveilable prior to completion of cause of death? 24a. Wes an eutopsy performed? Completed 1 Yes 2 No certificate 1 ☐ Yes 2 € Too l or Attending Physician: after death. 25. Wes case referred to medical exeminer?
1 ☐ Yes 2 ☐ No Be 26. Pleca of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Impatient 2 ER/Outpatient 3 DOA After this funeral 27. Menner of Deeth 28b. Time of fnjury 28c. Injury et Work? 28d. Describe how Injury occurred 28a. Dete of injury (Month, Dev Year) Neturel 5 Pending after death. investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 6 Could not be 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) in by 4 Homicide within 24 hours aft To the Funeral Dis completely filled in Hospital 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner as steted (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D37333 JULY 16, 1996 News 30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print) RAVI MD, NHC, BALT, MORE A. Registrer's Signature 31. Dete filed (Month, Day, Year)

DHMH 16 Rev 6/95

State

Registrar

apott 21 LSF

State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate of	Death		Re	g. No.			
	Di .		1. Decedent's Neme (First, Middle,	Last)			-			2. Dete of Deet	h	V	3. Time of	Death
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	Exami		4e. Facility Neme (If not institution,	give street end no	umber)			4b. City, To	wn, or Lo	cation of Deeth	4c. County			
			CATON MANOR NU	RSING CE	ENTER			BAL	TIMOH	RE		N/A		
	Funerai		Sociel Security Number 6	S. Sex	7. Age (In yrs. la	st birthday)	If Under 1 Year	If Under		8. Dete of Birth (Month, Dey,		9. Birtho	piece (Stete o	or Foreign
	Director		217-16-8693	1□ M 2Ă F	94	Yrs.	Months Deys	Hours	Min.	1AR. 28,	1902	MA	RYLAND)
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rylen	yland 21215-UU2U build be filed within 72 hours efter death with the Manylend Mentel thypiene. arked other than "natural", or flems 23a or 28a-1 show atte event, the Medical Exercine must be notified at		10a. Stete 10b. County 10c. City, Town or Location										IOd. Inside Cit	
Ma	- 8	io	MARYLAND N/A BALTIMORE									1 Yes 2 No		
£ £	22	Director	10e. Street end Number 10f. Zip Code							10	0g. Citizen of	What Cour	ntry?	
- A	E 23	ai	2015 GRINNALDS AVENUE 21230								U.	S.A.		
990	it of Heelth and Mentel Hygiene. If from 27 is merked other than "natural", or frems 23s or 28s-f show or other traumstic event, the Medical Examiner must be notified at	Funeral	11. Meritel Stetus	edent Ever in U,S	. 13. W	es Decedent of I	lispanic Ori	gin? (Spe	city Yes or No-			can indien,		
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	5		Surpt A gul	ka n	10		D26	39	S		7/2	2/9	6	
	6		30. Neme and address of person wh	o completed caus	se of death (Item 2	3e) (Type, P	rint)		a b	0.0.	1 ==	1 1	1	A. 1
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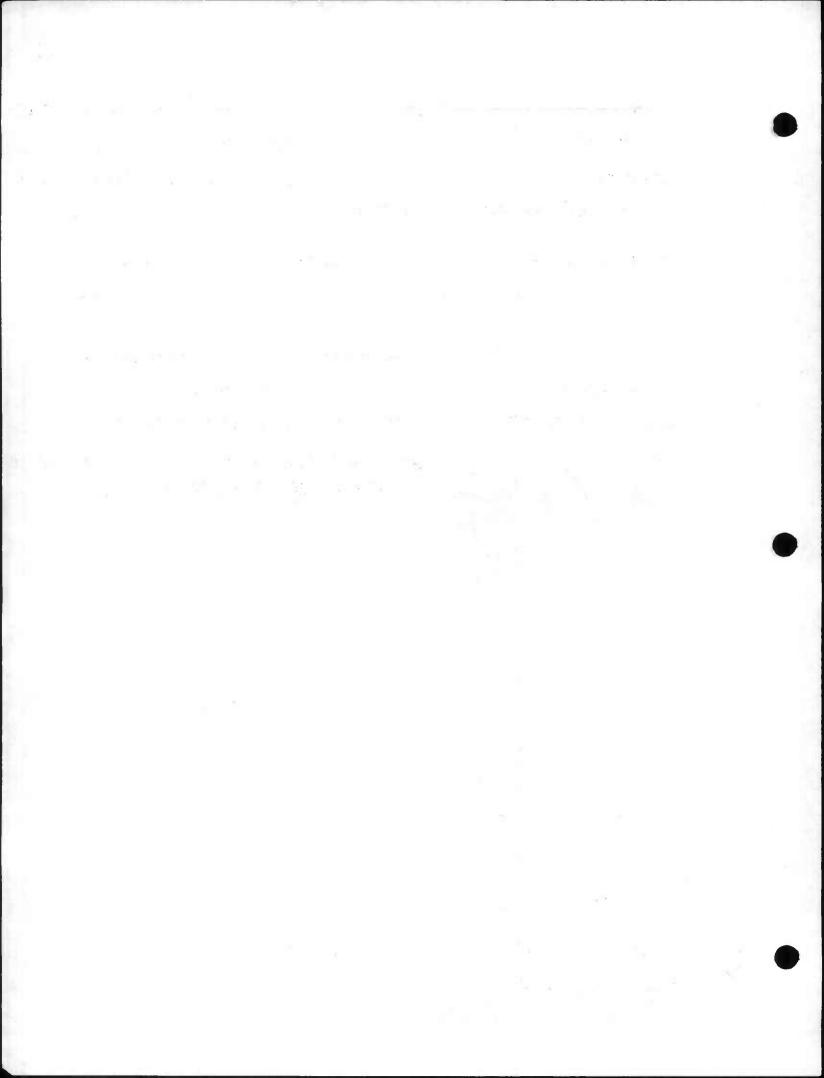
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State of Maryland / Department of Health and Mental Hygiene Film G737 item 1 per FH 7-24-96 r.ia Certificate of Death 1. Decedent's Neme (First, Middla, Last) Levi Shields, Sr. 2 Data of Death 3 Time of Deeth Month **Physician** Yaer Chiefds 96 10:53 6 /Medical 4a. Fecility Nama (If not institution, wa street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** V.A. HOSPITAL BALTIMORE
If Under 1 Year If Under 24 Hrs. 8. Date BALTIMORE CITY 5. Social Security Number 6 Sax 7. Aga (In yrs. last birthday) Birthplece (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** 1 M 2□ F Months Days Hours Min 75 Yrs. Director 239-28-3396 4/12/1921 NORTH CAROLINA Usuel Rasidence of Dacedant the Meryland 10c. City, Town or Location BALTIMORE 10d. Insida City Limits ? Is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be northled at BALTIMORE, CITY 1 X Yas 2 □ No Director 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? deeth with 3004 LA RUE SQUARE E Funeral 21225 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours effer deet Depertment of Health end Mental Hygiene. Important: If item 27 is marked other than "natural". 12. Was Dacedant Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - American Indian, Black, Whita, atc. 1 Never Merried 2/ Married 1 Yas 2 No WW2 If Yas, Giva Yaar or Detes: 1 ☐ Yas 2 ☑ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: BLACK Completed 15. Decedant's Education (Spacify only highest greda complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) College (1-4or 5+) 12 LONGSHOREMAN BETHLEHEM STEEL 17. Fathar's Nema (First, Middle, Last) 18. Mother's Nama (First, Middla, Maidan Sumama) HENRY SHIELDS SARAH GRIMES 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zlp Code) LAURENA SHIELDS(WIFE) 3004 LA RUE SQUARE E BALTIMORE, MARYLAND 21225 20b. Place of Disposition (Nama of cametery, cremetory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cremetion 3 Ramoval from Stete
4 Donetion 5 Othar (Spacify) GARRISON FOREST CEMETERY 7/24/96 OWINGS MILLS, MARYLAND 21. Signature & Funeral Service Uicensee 22. Name and Addrass of Facility ESTEP BROTHERS FUNERAL HOME PA. 1300 EUTAW PLACE BALTIMORE, MARYLAND 21217 23a. Part1. Enter the dispase, or complications that caused he death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart lattire. List only one cause on each prise. Approximata Intarval Batw Onset end D **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting In daath) Cardio / Respiratory Examiner Examiner physician end the bunal-trensit certificete be executed Sequentielly list conditions, if any, laading to Immadiate causa. Entar Underlying Causa (Disaase or Injury that Initiated evants rasulting in daath) Last Abdomina/ Box 68760. Aortic Physician/Medical Dua to (or as a consequence of) 98 980 ò P.0. ed by the e Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? signed by t 1-2 Yes 2 No 3 Probably 4 Unknown ion of Vital Records, þ been si 24b. Wara autopsy findings evailable prior to completion of cause of daath? 24a. Was an autopsy performad? Completed hes 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐ No Physician: 25. Was casa rafarred to medical axaminer? 28. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yas 25 No. 1- Impatiant 2 ER/Outpatient 3 DOA 2 uneral 27. Mannar of Death 28a. Data of injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury et Work? 28d. Dascribe how Injury occurred fter guild Natural 5 Pending invastigation 1 Yas 2 No 2 Accidant 6 Could not be detarmined 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homiclde Certifying Physician: To tha best of my knowledga, daath occurred at the time, dete end plece, end due to the cause(s) end mannar as steted.

| Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, daath occurred at the time, data and place, and due to the cause(s) and mennar stetad. Medical 29a. Cartifier (Check only one) To the within 2 29b. Signetupe and title of certifiar 29c. Licensa number 29d. Date signed (Month, Day, Year) 30. Nama and address of person who complated causa of daath (Item 23e) (Type, Print) Grachest Baltinor, MD 2120 10 32. Ragistrer's Signature.

Registrar

JUL 24 1996



96-3980-003

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Mondard / December 1.

FILM G-738 8/15/96 t.t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

21825

Physician /Medical Examin

PATRICIA

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

1. Decedent's Neme (First, Middle, Last)

2. Dete of Deeth Month JULY SMITH

111 Penn Street, Baltimore, Maryland 21201

3. Time of Death Yeer 1996 4:26P.M.

Funeral Director

permit. Pagas 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health end Mantal Hygiana. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Madical Examinet must be notified at angles.

Baltimore, Maryland 21215-0020

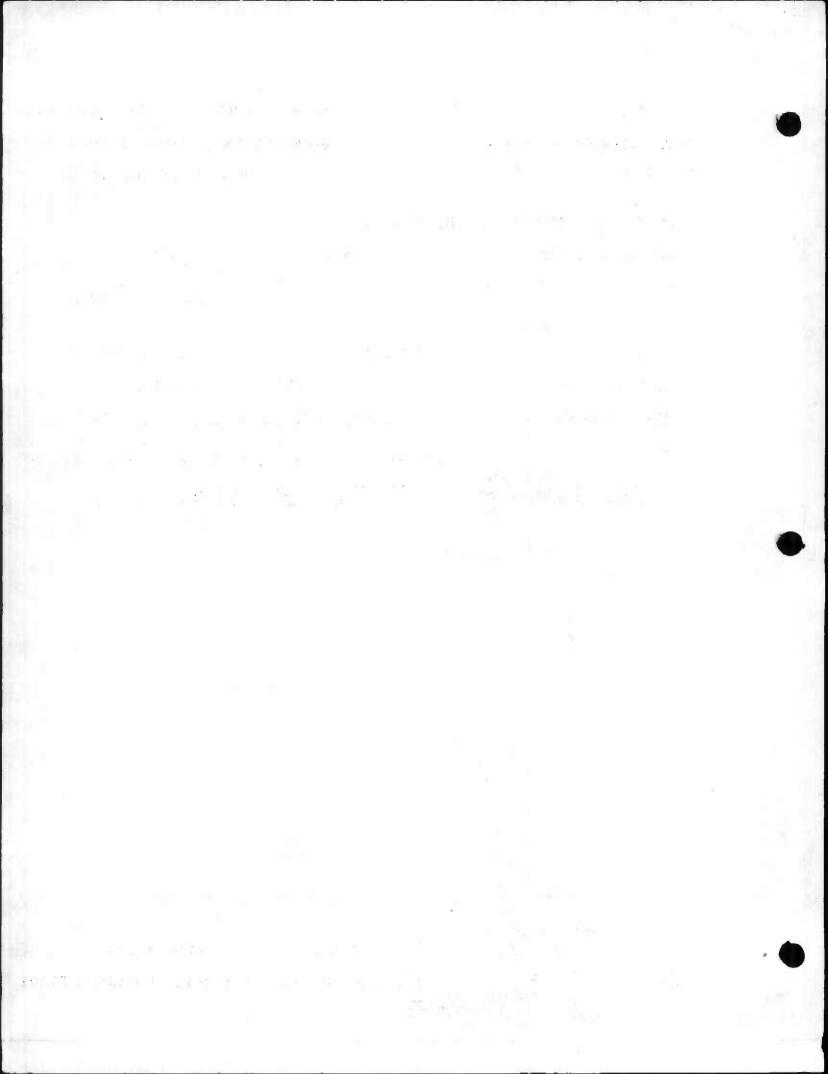
Physician Examiner

To the Mospital or Attending Physician: The law requires that the death certificata be executed anding physician and use as the burial-tran Division of Vital Records, P.O. Box 68760. within 24 hours efter death.

To the Funerel Director: After thi completely filled in by the funeral

r	4e. Fecility Name (If r	not institution, give	street end number)				4b. City, Town,	or Location of Da	ath 4c.	County	of Deet	th
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	5. Social Security Nur	41	DM 000 E	yrs. lest birthday)	If Under Months	r 1 Year Days	if Undar 24 H	in. (Month,	Birth Day, Year)		9. Birt	thplaca (Stete or Foraign
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l	2 ☐ Accident 3 ☐ Suicide	investigation 6 Could not be			М		Yas 2□No					
	4 ☐ Homicide	determined	28e. Pleca of Injury - / building, etc. (Sp	At home, ferm, stre ecify)	et, factory	, office		28f. Location City or T	(Street end own, Stete)	/ Numb	er or Ru	ural Route Number,
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ŀ	29b. Signature and titl	e of cortifier	one mainer stereo.		290	. Licans	a number		29d. Date	signe	d (Mont	h, Day, Yaar)
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State Registrar

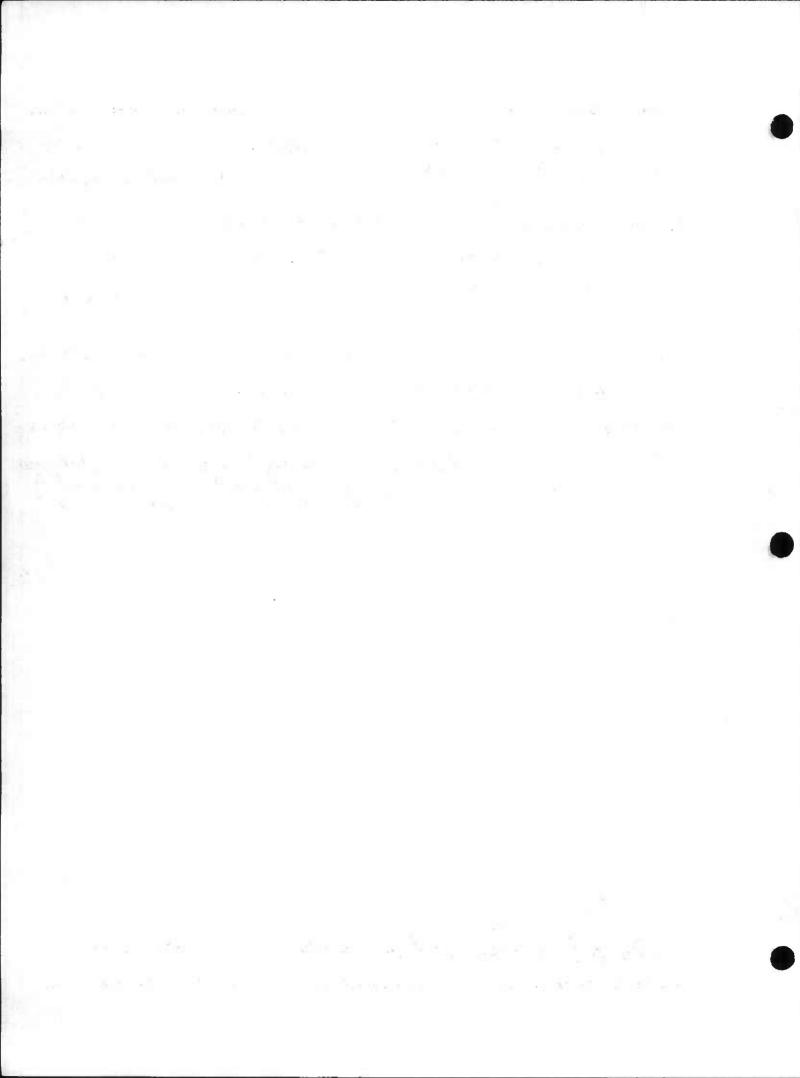


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State of Maryland / Department of Health and Mental Hygiene

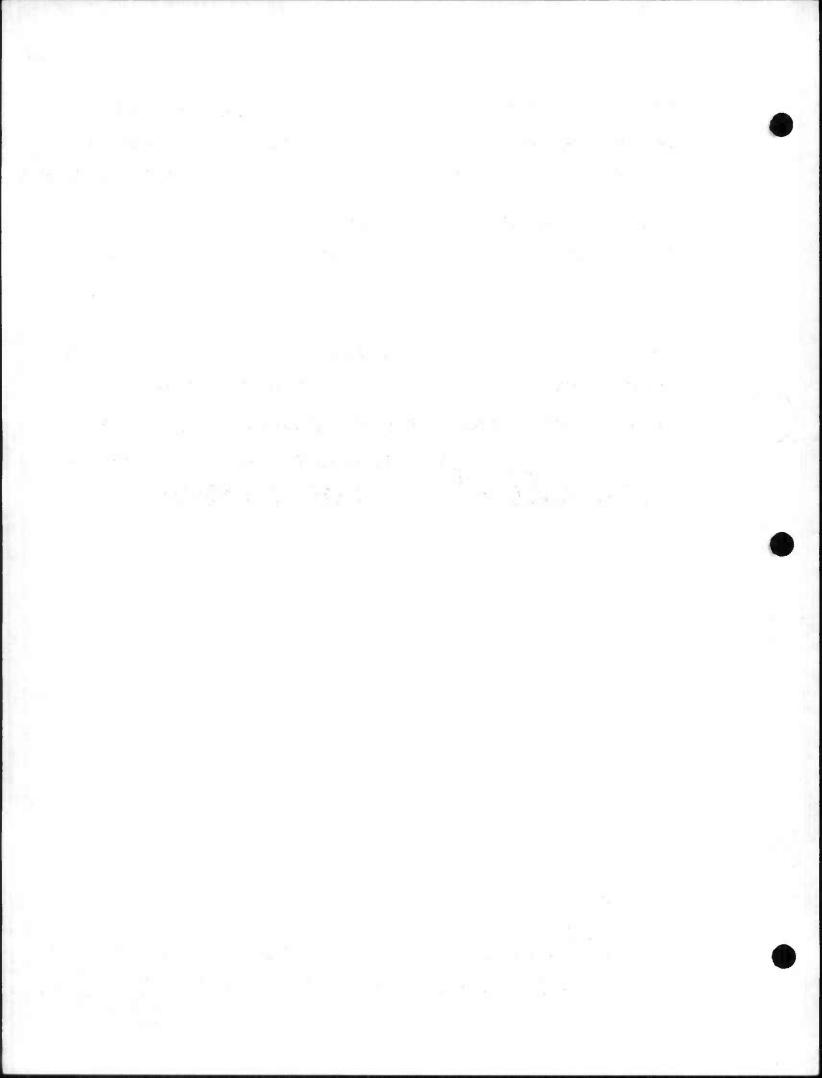
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	€ 9 €	Director	10e. Street and Number	1		10f. Zlp Code	B	/	10g. Citizen of 1	What Cour	ntry?
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Vital Record	Physician: The this certificate ral director, pag	Be	25. Was cesa referred to medicel axaminar?					ath (Check only	one)		
6	Physic this ca ai dire	2	1 ☐ Yas 2 ☒ No	Hospital: 1 Inpati	ant 2 ER/Out	tpatient 3 DOA	Other: 4 Nursing F	Home 5 Rasi	dence 6 Oth	ar (Specif	y)
0			27. Mennar of Death 1 ☐Netural 5 ☐ Panding	28a. Data of Inju (Month, De	28b. T	ime of 28c. In	ijury at Vork?	28d. Dascribe	how Injury occur	red	
0	nding eth. r: After e fune	atic	1 ☐Netural 5 ☐ Panding 2 ☐ Accident invastigation		,,		☐ Yes 2 ☐ No				
Division	Attending or deeth.	15	3 Suicida 6 Could not b	288. Place of in	jury - At homa, far	m, street, factory, offic	ce contract			per or Rura	Il Routa Number,
=	10年 15日	Certification:	4 Homicide	building, at	c. (Specify)			City or To	wn, Stata)		
	To the Hospital or Attend within 24 hours effer deet To the Funeral Director: completely filled in by the		29a. Certifier 1[¥Certifving Ph	vsician: To the heet	of my knowledge	daath occurred at the	time, date and place	a, and due to the	cause(s) and me	anner ee e	tated.
	Fur Pterly	edicai	(Check only 2 Medical Examone)	niner: On the basis o	f axamination and	Vor Invastigation, in m	y opinion, death occi	irred at tha tima,	data and place,	and dua to	tha ceuse(s)
	ithin of the xmpl	M	29b. Signature and title of certifier			29c. I los	ense number		29d. Date signe	d (Month	Day Year)
	F 3 F 8		MARCIT	9 10	/		9990				
			11 / Jufay	x puc	Jan 1	1	J J J U		July 19	, 199	U
		1	30. Name and addrass of person who								
			Michael E. Pelcza	r, M.D	St. Agno	es HealthC	are - 900	Caton A	ve., Ba	ltimo	re, Md.
	_			The second secon	THE RESERVE OF THE PERSON NAMED IN COLUMN						

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						Certifica	ate of	Death		Reg. No.			
	D1 .		1. Decedent's Nama (First, Middle, La	·					2. Data of De	ath	Vana	3. Time of	Death
	Physic /Medi		BETTY HELENA	VOGTMAN					JULY	21 1	Year 1996	5:1	77 PM
	Exami		4a. Facility Name (If not Institution, given	e street and number)				4b. Clty, Town, or					-
			7981 TICK NECK R	OAD				PASADEI	VA	ANN	NE ARL	JNDEL	
	Funeral Director			65 7. Aga (In yr.		thday) If Und Month	dar 1 Yaar ns Days	If Undar 24 Hrs Hours Min.		th 22 1930	9. Birthpl Count WES	ace (Stata o	or Foreign GINIA
			Usual Residence of Decedent	03					SEPT	22 1930	WEST	VIKU	MINITA
	M M		10a. State 10b. County	10c. C	ity, Tow	n or Location					10	0d. Inside Ci	ity Limits
	with the Maryland a or 28a-f show Lbe notified at	to	MARYLAND ANNE A	RUNDEL		PASADE	AV					1 🗆 Yes	2 × No
	2 28 P	Director	10e. Street and Number			10f.	Zip Code			10g. Citizen of \	What Count	try?	
	9 w)	aiD	7981 TICK NECK R	OAD			2112	2			USA		
	don M.ms	Funeral	11. Maritai Status	12. Was Decedent Ever in Armad Forces?	U,S.	13. Was De	cedent of h	lispanic Origin? (S an, Mexican, Puer	Spacify Yes or No		e - Amarica		
21215-0020	n 72 hours after death with the Manyar "natural", or items 23e or 28e-f show edical Examiner must be notified at	by	1 ☐ Never Married 2 ☐ Married 3 Ø Widowed 4 ☐ Divorced	1 Tyes 2 No If Yes, Give Yaar or Dates:			2 No		to nican, atc.,	Specify		ITE	
20	72 ho natur disali	Completed	15. Decedent's E (Specify only highest gr	ducation	16a.	Decedent's U	suai Occup	pation	arking	16b. Kind of Bi	usiness/Ind	ustry	
2	within ene. than 'r	nple	Elementery/Secondary (0-12)	College (1-4or 5+)		life. DO NOT	ruse retire	during most of wo d)	rknig				
2	TO 10 AND 100	Con	12			HOME	EMAKE	R			HOUSE	EHOLD	
and	0 7 0 5	Be	17. Father's Name (First, Middle, Last)					me (First, Middle		10)		
_	Manta marked matic e	c	MICHAEL PRESTON						ETH ANN				
Mary	Tris marks r traumatio		19a. Informant's Name/Relationship (**				end Number or R			Stete, Zip	Code)	
-	Se in		PATRICIA A. CARS		_			CK ROAD,			21122		
o	25.5		20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 ☐	Removal from State	cematar	Disposition (A y, crematory o	or other pla		Date	20c. Location -	100		
틆	# 50 . ** ** **		4 ☐ Donation 5 ☐ Other (Special	(y)	EDAF	HILL	CEMET	ERY	7-25-96	GLEN	BURNI	E, MD	
Baltimo	Department Page Department I Important: If Inty Injury or 2009.		21. Signature of Funeral Service Lice	1 ()				ss of Facility GS FUNER	AI HOME	DΛ			
	207 4 9		HILARY L STAP	LINGS		31	11 MO	UNTAIN RO	OAD, PAS	ADENA.	4D 21	122	
			23a. Part1. Enter the disease, or com- shock, or heart failure. List only	plications that caused the de-	ath. Do r							Approximate	a ween
	Physician											Intarvat Bet Onset and I	Death
1	/Medical Examiner		Immediate Cause (Final disease or condition	a. Cervic	al	cance	^				A	pprox.5	mos.
	LXdiiiiiici	L	resulting in death)		_	consequence						1	
	ed sit	Examiner		b. ————————————————————————————————————							1		
	rificate be executed ng physician and set the buriel-transit	xan	Sequentially list conditions, if any, leading to immediate	Due to	or as a	consequance	of):						
68760,	be e ician burie	<u>a</u>	Cause (Disease or Injury	C							1		
587	phys phys s the	Medical	that initiated events resulting in death) Last	Dua to	or as a c	onsequance o	of):						
×	certifica Iding ph			d									
Вох	eath ce ettendir I for use	Physician/						NIE CHES COM	I				
P. O.	y the	ysi	Part it. Other significant conditions of	ontributing to death but not re	sulting In	the underlying	g cause gh	ven in Part t.		tobacco use co			
D .	that ded b								10	Yes 20 No	3 Prob	ably 4	Unknown
Division of Vital Records,	Attending Physician: The law requires that the death ce or december 4 feethers the certificate hes been signed by the ettending the funeral director, page 2 should be detached for use	d by							24a, Was	an autopsy	24b. We	re autopsy fi	indings
Ö	Short Short	Completed							perfe	ormed?	con	illable prior to npletion of ci leath?	
Re	hes o hes	E C											
ō	ician: The certificate rector, pag		25. Was case referred to medical						10	/1	1	Yes 2	No
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ō	Phy r this	<u>۲</u>	27. Manner of Death		28b. T	tpatient 3	DOA	4 Li Nursing r	1	dence 6 Oth how Injury occur)	
o	After funer	tior	1 Natural 5 ☐ Pending 2 ☐ Accident investigation	28a. Date of Injury (Month, Day Year)		njury M	28c. Inju	rk? Yas 2 □ No		,,			
S	or Attendi efter deeth Director: A d in by the f	Certification:	3 ☐ Suicida 6 ☐ Could not b	9 OPa Dinos of Injury At	nome, fa	rm. street, fact			28f. Location (Street and Numb	er or Rural	Route Num	iber,
	or effer of her	ET	4 Homicide	building, etc. (Spec	ify)		,,		City or To				
	To the Hospital or Attending Physician: The i within 24 hours either deeth. To the Funeral Director: After this certificate he completely filled in by the funeral director, page		29a. Certifier 1X Certifying Ph	ysician: To the best of my kn	owledge	death occurre	ed at the ti	me, date and place	and due to the	cause(s) and ma	nner as sta	ated.	
	Etal Ful	edicai	(Check only 2 Medicat Examone)	niner: On the baals of examinand manner stated.	ation and	d/or Investigati	on, in my o	opinion, death occu	urred at the time,	date and plece,	and due to	the cause(s	1)
	of the composition of the compos	X	29b. Signature and title of certifier	79		2	29c. Licens	se number M)	29d. Date signe	d (Month, L	Jay, Year)	
			1 Some 1.20	mer, my			n	37373		7-7	13-9	16	
			30. Neme and eddress of person who	completed cause of death (Ite	m 23a) (Type, Print)	V	, -,,,		7 4		0	
	_		Daniel J.	Konick M.	D.	180	Adm	Cochrane	e Dr. A	mapolis	mD	1214	01
	Sta	ite	31. Data filed (Month, Day, Year)	39. Registrar's Sign	eture	0 00				()		/	
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State of Maryland / Department of Health and Ment	al Hygiene	96	2	182
Certificate of Death	Pen No			

Physician
/Medical
Examiner

Division of Vital Records, P.O. Box 68760,

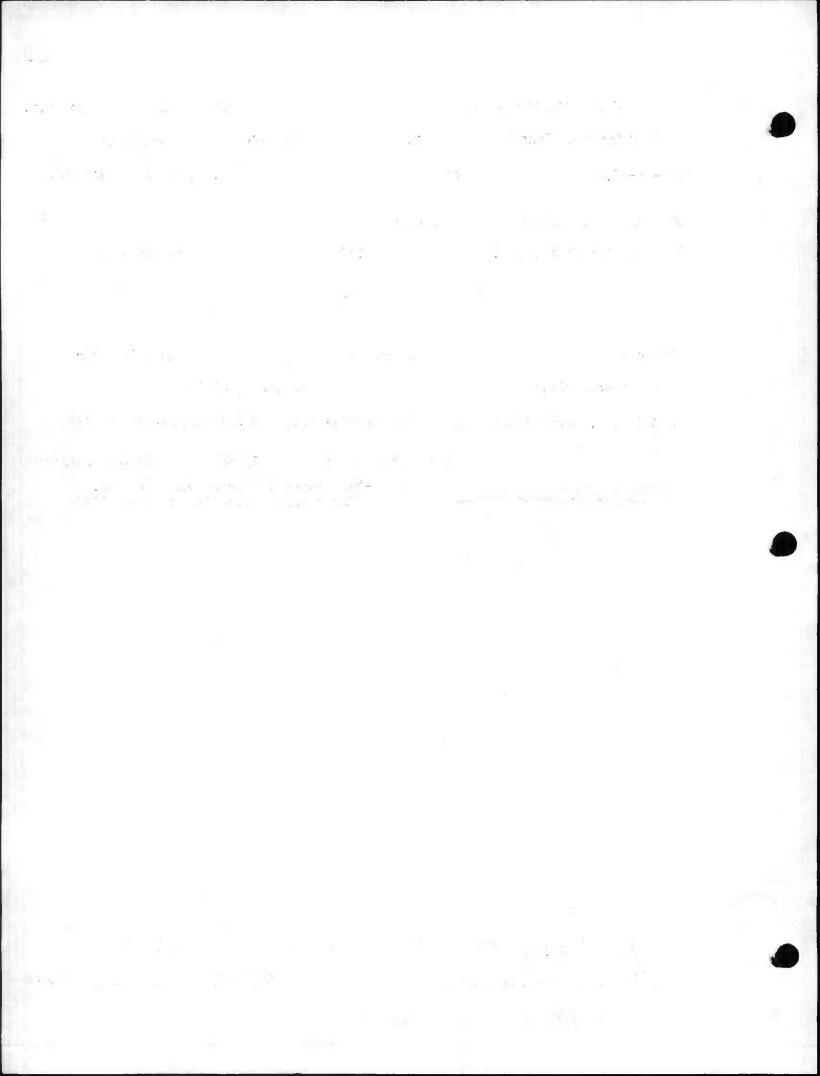
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Funeral Director		5. Social Sacurity Number 213–26–9823	5. Sex 7. Ag 1 X M 2 □ F	a (In yrs. k	est birthdey Yrs.	Months	r 1 Yaar	If Undar 2	Min.	8. Date of Bir (Month, De 7-6-	th by, Year) 29	9. Birthi Cou	olaca (Stata or Fo
Maryland a-f show	tor	Usual Residence of Decedant 10a. State 10b. County MD Harf	and	10c. City	Town or L								1 ☐ Yas 2 🔀
n with the	al Director	10e. Street and Number 491-1 Moones	Mill Ad.			10f. Zip		1014			10g. Citizen of	What Cou	ntry?
s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. If Health and Mental Hygiene. To have a served other than "natural", or items 23a or 28a-f show other treumstic event, the Medical Examines must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 ☑ Marrie 3 □ Widowed 4 □ Divorced	12. Was Decedant Armed Forces? d 1 Yes 2 h If Yes, Give Yaar or Dates:			Was Dece if Yes, spe			oln? (Spe , Puarto	ecify Yas or No Rican, etc.)	14. Ra Bla Specia	ick, White,	can Indian, etc. white
d within 72 hours af giene. or than "naturel", or or Medical Exam	Completed	15. Decedent's (Specify only highast Elementary/Secondery (0-12) 1		5+)		edent's Usu e kind of wo DO NOT u		oation during most d)	of worki	ing	16b. Kind of E		dustry ocolates
id be filed fental Hygie ked other iic event, ii	To Be C	17. Father's Name (First, Middle, L. Joseph Wolf	ast)							<i>(First, Middle,</i> reighne	, Meiden Surnai	me)	
nd 2 should be file tith end Mental Hy 27 Is marked othe r treumatic event	T	19a. Informant's Name/Relationshi Anne Wolf / wii								Bel Ai		wn, Stete, Zip Code)	
nemit. Peges 1 and Department of Health Important: If Item 27 Iny Injury or other tr		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3		Ce	ace of Disponentery, cre	osition (Na	me of othar pla	ce)		Date -27-96	20c. Location Glen	20.00	
pemit. Peges Department of Important: if ite any injury or of		4 Donation 5 Other (Special Signature of Funeral Servica Li	**	7		2. Name ar Cvaci	nd Addre	ess of Facility	y e Fui	neral H			
Physician /Medical Examiner		23a. Part1. Enter the disease, or c shock, or heart fallure. List of the disease or condition resulting in death)	a CARDIO	SENI(ock	de of dyl	ng, such as	cardiac c	or respiratory a	rrest,		Approximate Interval Between Onset and Deat
death certificate be executed estionally and for use as the bunel-transit	ician/Medical Examiner	Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	Due to (or	as a conse	quenca of):	NFA	RCTIO	N				24 HOUR
	Physiciar	Part II. Other significant condition	s contributing to death bu	ut not rasul	Iting In tha u	underlying o	ause gi	ven in Part I.		23b. Did			the cause of de
law equires thet the	Completed by											av	ere autopsy findir allable prior to mpletion of cause death?
Jan Sent	Ве Сош	25. Was case referred to medical						26 Place	of Dooth	1 Check only o		1[Yes 2X No
Physican eral deed	2	examiner? 1 Ayas 2 No 27. Manner of Deeth	Hospital: 1 Inpatie		R/Outpatie		OA Oti	ner: 4 Nui	rsing Ho	me 5 Resid	denca 8 □Otl how Injury occu		y)
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Hospital 24 hours Funeral letely filled	edical C	29a. Certifier (Check only one) 1 Certifying 2 Medical Ex	Physician: To the best of taminer: On the basis of and manner sta	examination examination	rledge, deat on and/or In	h occurred ivestigetion	at the ti	me, dete end oplnion, deat	d plece, e	and due to the ed at the time,	ceuse(s) and m dete and placa,	anner as s	tated. the cause(s)
To the within 2 To the comple	Me	29b. Signature and title of certifiar	6. Midei			Г		0042			29d. Data signe	23 9	Day, Year)
Sta		30. Name and address of person with MARK G. MIDET 31. Date filed (Month, Day, Year)		520 3	YORK		TC	WSON	MAI	RYLAND	21204		

State Registrar

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MOL III		10a. Stata 10b. County		10c. City,	Town or Location	n				1	0d. Insid	fa City Lim
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Department of Health and Mental Hygiene. Department of Health and Mental Hygiene. Important: If Nem 27 is marked other than "netural;, eny Injury or other traumatic event, the Medical Exa	Completed	15. Dacedant's	Education		16a. Decedant's	s Usual Occu	pation		16b. Kind of E	Businass/in	dustry	
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29d. Dete signed (Month, Dey, Year)

July 22,1996

4940 Eastern Avenue, Baltimore, MD

				State	of Marylan		epartment Certificate					gien Reg. N		6	21	830	
8	Physic	ian	Decedent's Neme (First, Middle, Frank William		iggins						2. Dete of De Month	eth	ev	Yeer		ma of Death	
	/Medi				3.5			-			July		,199		12	:45 pr	n
)	Exami	ner	4e. Fecility Neme (If not institution, g						-		ocation of Deeti	h 4	c. County				
			Johns Hopkins						Balt					I/A			
	Funeral Director		111-23-5897	. Sex 1 M 2 □ F	7. Age (In yrs.		ndey) If Under 1 Months rs.	Year Deys	If Under Hours	24 Hrs. Min.	8. Date of Bir (Month, Da	th ly, Year 5 , 1	935	9. Birthi Cour Mass	achu	tate or Foreign usetts	
	Marylend -f show	tor	Usuel Residence of Decedent 10a. State 10b. County Maryland Baltin	nore	10c. City		or Location emerle									ide City Limits Yes 2 No	
	with the a or 28s	Funeral Director	10e. Street end Number			_	10f. Zip C					_		Whet Could			-
	23 a	rai	23 Kropf Lane	45.144		_											
020	be filed within 72 hours after death with the Marylend tel Hyglene. d other than "netural", or items 23a or 23a-f show event, the Medical Examiner must be incitted at	þ	11. Meritel Status 1 □ Never Merried 2 ☒ Married 3 □ Widowed 4 □ Divorced	12. Wes Dec Armed F 1 IX Yes If Yes, G Yeer or I	edent Ever in U, orces? 2 No ive K <i>O)</i> Detes:	s. 1ean	13. Wes Deceder If Yes, specify 1 Yes 2				ecity Yes or No Rican, etc.)	-		e - Americk, White,			
0-612	should be filed within 72 hours nd Mentel Hyglene. marked other than "netural", matic event, the Medical Exa	Completed	15. Decedent's (Specify only highest s Elementery/Secondery (0-12)	rede completed)	1-4or 5+)	16e. [Decedent's Usuel ('Give kind of work life. DO NOT use	done retire	during mos d)	at of work	in g	16b. I	Kind of Bu	usiness/in	dustry		
V	De la Maria	5	9 Years				Truck	Dr	iver			Gr	rocer	Ly			
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9	2 should end Men is marke aumatic		19e. Informent's Neme/Reletionship	(Type, Print)		19b.	Meiling Address (Street	and Numb	er or Rur	ai Route Numb	er, City	or Town,	State, Zip	Code)		
2	end 2 selth e		Gloria A. Wiggin	s (Wife)		23	Kroph La	ne	1	Edger	nere. Mi	aryl	land	2121	9		
parimore,	permit. Pages 1 end 2 st Department of Heelth end Important: If Itam 27 is n any Injury or other traun ance.		20e. Method of Disposition 1 □ Buriel 2 □(Cremetion 3 4 □ Donetion 5 □ Other (Special Control of Special C	☐Removel from	State		Disposition (Name, cremetory or other			17	Date / 24 / 96			City or To			
Dail	Departi Departi Importa any Inju		21. Signeture of Funerel Service Lic 23a. Pert1. Enter the disease, or co shock, or heart feilure. List on				22. Neme end Duda-Ru 7922 Wi	. 1	+		Home of Dundalk	Dur Mc	ndalk	z, In	c.	2	
	Physician /Medical		shock, or heert feilure. List on							cardiec	or respiretory e	rrest,	e Mr.				
	Examiner		diseese or condition resulting in deeth)	a Mult			stem fa	11	ure		0	fre	NCA.		>-I6	5-96 t	- 6
	pet list	Examiner		b. 60 %	TBSA	2 a	onsequence of): nd 3 bu	rn	S		Permen	N. C.			7-2	1-96	
,00	ate be executed hysiclen and the buriel-transit	Exar	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	c	Due to (o	rese co	onsequence of):		. 1 1	Je.	De mon						
100 YO	entificate ding physise es the I	/Medical	thet initieted events resulting in death) Lest	d	Due to (or	es e co	ensequence of):		Mo	TIES BO							
	es thet the death certific igned by the ettending p be detached for use es	Physician/M	Pert II. Other significant conditions	contributing to d	eath but not resu	ulting In	the underlying cau	ıse giv	en in Pert	i.	23b. Dld	tobacc	o use co	ntributa t	o the ca	use of death?	
٥, ٦.٠	s thet the ned by e detacl	by Phy									1 🗆	Yes	2 X No	3 Pro	bably	4 Unknown	n
יפניסומי	requir been s should	Completed t	-				pec-				24a. Wes	en eute	opsy	ev	allable p	n of cause	
	cate .	ပိ									10	Yes 2	2 No	1[□Yes	2 X No	
	clan	Be	25. Wes case referred to medical examiner?	11				1 40		e of Deet	h (Check only o	one)					_
	Physician: The lav this certificate has rel director, page 2	2	1 Yes 2 No	Hospitel:	Inpatient 2	ER/Out	petient 3 DOA		4 U N	ursing Ho	me 5 Resi	dence	6 □Oth	er (Specit	y)		-
	After fune	ertification:	27. Menner of Deeth 1 ☐ Neturel 5 ☐ Pending 2 ☑ Accident investiget	on 6-16	th, Dey Year)	28b. Tii Inj		Voi 1	yet rk? Yes 2 💽	No	28d. Describe			red			
	al or Atten s after dest al Director:	Certific	3 ☐ Suicide 6 ☐ Could not determine	be 28e. Pleci	a of Injury - At ho ing, etc. (Specify	me, ferr	n, street, factory, o	office	2		28f. Location (City or To	Street a	ind Numb te)			Number, Pourt, M.	1
1	7 7	dical		hysician: To the	best of my know		deeth occurred et for investigation, in				end due to the	ceuse(s) end me	enner es s	teted.		

29c. License number

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Johns Hopkins Bayview Medical Center

N5444

State Registrar

2 Nytchwood Ct
31. Dete filed (Month, Dey, Year)
JUL 241996

Examiner

Hedical

Approval

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The property of the property o	Red
2 5 2 5	l. or
IMMEDIATE CAUSE (Finel disease or condition reautiting in death) NOLLY WENT ONECTION THE PROPERTY ONECTION TO A COMPIET ON THE CONTROL OF THE CAUSE (Finel disease or condition reautiting in death) Sequentielly lifet conditiona, if any, leeding to immediate point to professiona or the attending physician accompletely lifet cause. Enter UNDERLYING CAUSE (Disease or injury that initiated event are reautiting in death) LAST PART II. Other algorithms and Mental Mysician accompletely lifet cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reautiting in death) LAST PART II. Other algorithms are reautiting in death) LAST DID TOBACCO USE CO. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO. 27. MANNER OF DEATH 1 Netural 5 Pending investig and investigation and in	dition on both physical physic

								9	D	21831
	1 - FOR STATE REGISTRAR	STATE OF I				F HEALTH AND OF DEATH	MENTAL HYGIE!	-		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Andrew J. Wehi						July 19,	199	6	9:00 a. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		Count	
ì	218-18-5985	XX M 2 □ F	71	YRS.			Dec. 28.			ryland
	9e. FACILITY NAME (If not institution, give a					WN OR LOCATION OF	DEATN		INTY OF E	
	1925 Haselmere R	oad			Dui	<u>rdalk</u>		В	alti	more
1	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LO	OCATION				10d. INSIDE CITY LIMITS?
	Maryland Balt	imare		Dı	ındalk					1 YES 2 NO
						10f. ZIP CODE				WHAT COUNTRY?
	1925 Haselmore R		IT EVER IN U.S. A			21222				States
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	YES 2		If yes		ANIC ORIGIN? (Specify Yo can, Puerto Rican, etc.) cify:	es or No-	Blac	E — American Indian, ik, White, etc. in: White
	15. DECEDENT'S EDU	CATION			USUAL OCCU		16b. KIND OF BU	JSINESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5	116	aive kind of t e. Do NOT us	work done dunn se retired.)	g most of working				
	10 years		C	rane	Repair	man	Steel			
	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S P	NAME (First, Middle, Melde	n Sumame)		
	Andrew J. Wehner	Sr.				Cather	rine E. Bra	zier		
	19e. INFORMANT'S NAME (Type/Print)						al Route Number, City or To			
	Mary Katherine W	ehner (Wi				nere Road				and 21222
	20e. METNOD OF DISPOSITION 1 Description 1 Donetton 1 Other (Specify)	oval from State	20b. PLACE cemetery, cr	AND DATE	OF DISPOSITIO	N (Name of	DATE 20c. L	OCATION -	- City or Ti	own, State
į			Dula	ney l	alley	Mem. Gras	7/22/96	Time	oniun	n, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	X Gell			Dudo	-Ruck Fur	ieral Home enue Dunda	Of Du	undal	lk, Inc.
	23. PART L Ever the diseases, or seck, or heert fellure.	complications the	t caused the d	eath. Do i						Approximata
	IMMEDIATE CAUSE (Finel				. /					Onset and Death
	diseese or condition resulting in death)	. 7	netz	stat	w b	windsay	we Lun	x co	m	
	Compact of Black	DUE TO	(OR AS A CONSI	EOUENCE O	F):	0	(
	Sequentially list conditions.	b								
	If any, leeding to Immediate cause. Enter UNDERLYING	DOE 10	(OR AS A CONSE	OUENCE O	+):					
	CAUSE (Diseese or injury that initiated events	cDUE TO	(OR AS A CONSE	OUENCE O	F):					
	reaulting in deeth) LAST	al.								
	PART II. Other algnificent condition	e contributing to	a Dut not	reaulting	In the under	lying ceuse given		N AUTOPSY PRMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
			V		_		1 TYES	2 NO		OF DEATH?
	DID TOBACCO USE CONT	DIDLITE TO CA	VIICE OF DE	ATLI VI	ES T NO	UNCERTA	VIN ET			1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CA			TH (Check only		AIN LY			
	EXAMINER?	HOSPITAL:	ER/Outpetlent		OTHER:		CLAST COL			
	27. MANNER OF DEATH	28e. DATE O		28b. TIN		Nome 5 Residence: INJURY AT	e 8 ☐ Other (Specify) 28d. DE\$CRIBE HOW	IN HIRY O	CCUBED	
	1 Neturel 5 Pending		Day, Year)	IN.	JURY	WORK?	and begoings non		- const	
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At t	ome, ferm,			281. LOCATION (Stree	t end Numb	er or Rural	Route Number.
	4 Homicide 8 Could not be determined	building	, etc. (Specify)				City or Town, Stat			
	29e. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of	t my knowledge. d	leath occurr	red at the time.	date end place, and d	lue to the ceuse(e) end m	enner ee at	ated.	
	000)									(e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	A	4			29c. LICENSE N	IUMBER	29d. DA	TE SIGNE	D (Month, Day, Year)
	Morald C	Haro	isis			D-Z	8097	•	7/2	9/96
	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	JSE OF DEATH (IT	ЕМ 27) (Туре	o, Print)	1 /) 44			
	1012 00	O N	ORTH	Por	it R	oad 1	Butt. Md	· 2	101	5

A REGISTRATIS SIGNATURE

Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible.

item #1,23b,24a,27,28a-i, filmg 737, 7/24/96 Certificate of Death

Bea. No. Sanford R. Walters 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Walters 1996 Julu /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Mercy Hospital Baltimore City Baltimore If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yea 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** Months 1 M 2 □ F 217-42-7899 51 Yrs **Director** Maryland Dec 24, 1944 Usuel Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or flems 23a or 28a-f sho traumatic event, the Medical Expriser, must be nouthed at MD Howard Savage 1 X Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8436 Woodward Street 20763 U.S.A Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Meritel Stetus permit. Pegas 1 and 2 should be filed within 72 hours aftar o Department of Hasith and Mental Hygiena. Important: If fram 27 is marked other than "natural" any injury or other traumatic averages. 1 Yes 2 X No If Yes, Give Yeer or Detes: 1 □ Never Merried 2 □ Merried 1 Yes 2 No Specify: Specify: þ 3 ☐ Widowed 4 Divorced white Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12)
Grade 9 College (1-4or 5+) Machinist Prototype Machine Work 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Keithen Walters Beulah Wines 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Frances Wines Sister 8436 Woodward Street Savage, Md. 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Savage Cemetery 7/6/96 Savage, Maryland 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Donaldson Funeral Home P.A. 23e. Pert1. En lu trie diseese, or complications that caused the deeth. Do not anter the mode of dying, such es cardiec or respiretory errest, shock, or mark feilure. List qnly one causa on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final (1) SUBBURAL HEMATOMA ~ 84 days (L) TEMPOROPARIETAL diseese or condition resulting in deeth) Examiner CONTUSION Due to (or es e consequence of): Examiner Motor vehicle accident The law requires that the death certificate be axecuted physician and the burief-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): 23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

Were autopsy findings Records, P.O. Box 68760 Physician/Medical tha Due to (or as a consequence of): attanding p Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. ed by the a signed by t Upper GI Bleed Maning this à 24b. Were autopsy findings evallable prior to completion of causa of daeth? Completed peen arebral poters appellus has a 2 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No certificate Division of Vital Hospital or Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: 1 Yes 2□ No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospiac 9 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funaral 27. Manner of Deeth Certification: 28a. Date of Injury (Month, Dev Year) 28b. Tima of 28d. Describe how injury occurred 28c. Injury et Work? Aftar Pending investigation 1 Neturel 1 ☐ Yes 2 ☒ No death. 2 X Accident 4-9-96 2215 after death Director: / d in by tha f Pedestrian struck by truck 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or A within 24 hours after To the Funeral Direcompletely filled in b Roadway Rt. 1 & North LaurelRd. Laurel,Md. Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner es stated.

2 Medical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end menner stated. 29e. Certifier edical 29b. Signeture end title of certifler 29c. License number 29d, Dete signed (Month, Dev. Year) Tomons July 140480 BEZALK RD 30. Nama and addrass of person who completed causa of daeth (Itam 23a) (Type, Print) 55/0 FERNANDO FERRO, MD 324200. MD -31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture State JUL 2 4 1996 Julia Tavidson Bondall Registrar

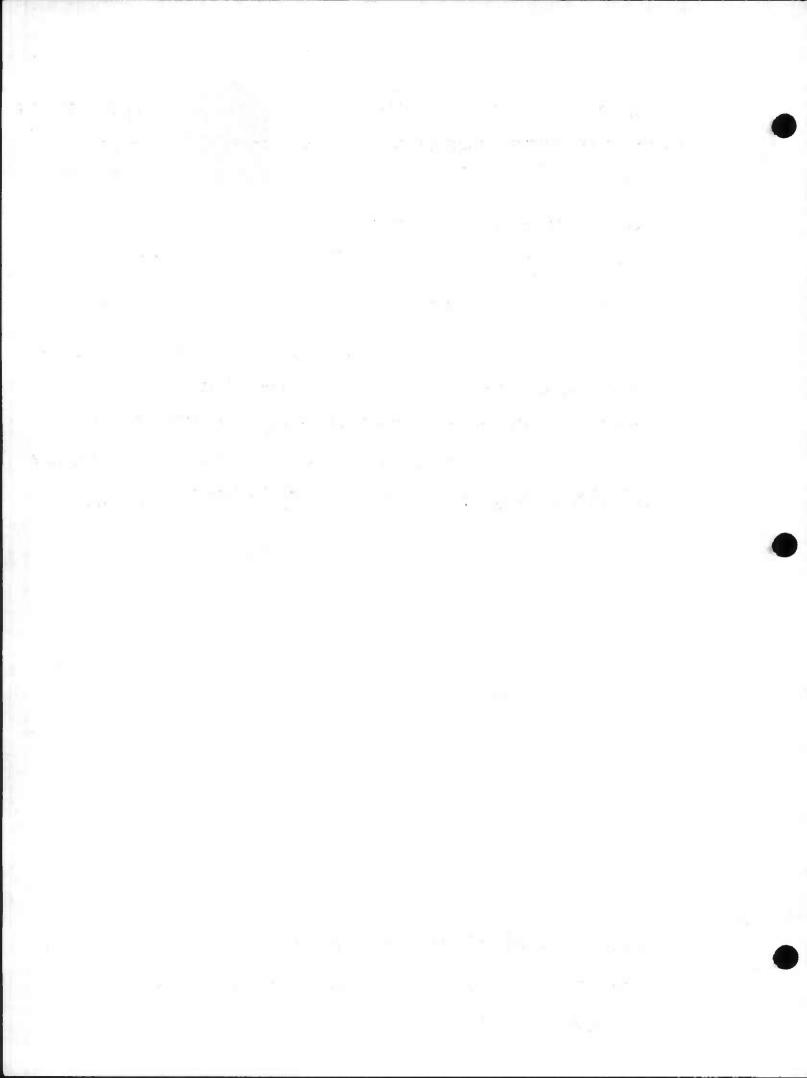
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

					Ce	rtificate	of Death		Reg. No.	
Physici /Medic		1. Decedent's Neme (First, Midd CORANZO					WELLS	2. Deta of Month JULY	19, 199	
Examin	ier	4e. Facility Nama (If not institution THE JOHN:	on, giva street end nur S HOPKII	nber) NS H	IOSPITA	L	BALTIN	wn, or Location of D MORE CITY	BALTII	y of Death MORE, CITY
Funeral Director		5. Social Security Number 417-26-1693 Usuel Residence of Decedant	6. Sex 1 M 2 □ F	7. Aga (In yrs. 73	last birthdey) Yrs.	If Undar 1 Y Months D	aar if Undar eys Hours	24 Hrs. 8. Dete of (Month, 7 / 26	Birth Dey, Year) /22	Birthplaca (State or Foreig Country) ALABAMA
Jend Ma		10a. Stata 10b. Count	у	10c. Ci	ty, Town or Lo	ocation				10d. Insida City Limit
ith the Maryler or 28a-f show	Director	Charles Printed to Control of the Co	MORE, CITY		ВА	LTIMORE				1 XYas 2 N
th with t	ral Dir	10e. Street end Number 4576 DERBY MA				10f. Zip Co	21215		10g. Citizen of	What Country? U.S.A.
flaryland 21215-0020 2 should be filed within 72 hours after death with the Manyland 2 should be filed within 72 hours after death with the Manyland Is marked other than "natural", or Hema 23a or 28a-f show sumatic event, the Medical Exemples must be notified at	by Funeral	11. Maritei Stetus 1 Never Merried 2 Me 3 Widowed 4 Divorce	12. Wes Dece Amped For 1 [7] Yes If Yes, Giv Yeer or De	2 No WW	2	Wes Decedent If Yas, specify		gin? (Specify Yas or i, Puerto Rican, etc.)		ce - Amarican Indien, eck, White, etc. fry: BLACK
Battimore, Maryland 21215-0020 sent. Peges 1 and 2 should be filed within 72 hours af popularient of Helpin and Mariat hygiens. In procure if (tem 27 is marked other than "natural", or my injury or other traumatic event, the Madical Exercition.	Completed	15. Decede (Specify only high: Elamantary/Secondary (0-12) 12	est grada completed) College (1	-4or 5+)	///e.	dent's Usuel O kind of work d DO NOT use n EL WORI	,	t of working		Business/Industry HEM STEEL
Baltimore, Maryland 212' permit. Peges 1 and 2 should be filed within Department of Health and Mental Hyglene. Important if frem 27 is marked other than any injury or other traumatic event, that Menones.	To Be Co	17. Father's Name (First, Middle HORMONY WELLS			312	EL WOR	18. Motha	or's Nema (First, Mid CAHONTAS V		me)
e, Mary	-	19e. Informent's Neme/Relation VERMA WELLS (W				_		or or Rural Route Nu		n, State, Zip Code) ARYLAND 21217
more,		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cramation 4 ☐ Donetion 5 ☐ Other (3 □Ramovai from S	Stata	cematary, crei	psition (Nema of matory or other FOREST	r place)	Date Date	100	- City or Town, Stete MILL, MARYLAND
Balti permit. Departm imports any inju		21. Signature of Funda Service		4	22	Name and A	ROTHERS	FUNERAL	HOME PA.	
		23a. Part1. Entar the disease, o shock, or neart feilura. Lis	or compilcations that ca at only one cause on ea	aused the deet						LAND 21217 Approximete Intervel Between Onset end Deeth
Physician /Medical Examiner		Immediate Cause (Fine) disease or condition rasulting in deeth)	· Iv	tra Due to (o	cran	ial	Hemo	rrhage		15 hours
nsit	mlner		O Coa	Due to (c	path	quance of):				15hours
oertificate be executed ding physician and se es the buriel-transit	edical Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initieled evants resulting in death) Last		ombo	ocyto	penia				16 days
	3	resulting in death) Last	(3) Hy	perte	nsion	uance of):				74 month
P.O.	by Physician	Pert II. Other significant conditions of the Ren							old tobacco use co	ontribute to the cause of death
Records, he law requires the law requires the has been signed age?	Completed b	Anemia; I	nternal t	temorr	hage	; Isc	hemic	24a. W	es en eutopsy eriormed?	24b. Ware autopsy findings available prior to completion of cause of death?
ital R	Be Com	Bowel; Tho 25. Wes case referred to medica	raco-Abdi	minal	Aort	ic Av		of Deeth (Check on	Yes 2 No	1 ☐ Yes 2 No
7 2 36	To	examiner? 1 ☐ Yes 2 No	Hospital:	npatient 2 🗆	ER/Outpatier	nt 3 DOA	Other	rsing Home 5 R		her (Specify)
D de la la la la la la la la la la la la la		27. Manner of Deeth 1 Netural 5 Pandi 2 Accident invast	28a. Dete		28b. Tima of injury	28c.	Injury at Work? 1 Yes 2 I	28d. Descri	be how injury occu	
Division all of Attending a ster dear in Director ad in by the tun	Sertific	3 Suicida 6 Could 4 Homicide	mined 289. Piece	of Injury - At h	ome, ferm, str	aet, fectory, of	fice	28f. Location City or	n (Street and Num Town, Stete)	ber or Rural Route Number,
To the Hospital o within 24 hours at To the Funeral Di completely filled is	Medical Certification:	29a. Certifier (Check only one)	ng Physician: To the la Examiner: On the ba end mann	sis of examina	wledge, daatt	n occurred at the	ne ti <i>m</i> e, dete en my opinion, deel	d pieca, and dua to the tire	the ceuse(s) and n	nanner as stated. , and due to the cause(s)
To the Within To the comp	Σ	29b. Signeture end title of certific	usa MD		GERY	1	N 794	17		ed (Month, Day, Year) 9/96
		30. Neme and addrass of person DEAN CHO	who complated cause	a or death (item	11 200/ (1)po,	· imity				4D 21287

State Registrar and the second of the second of the second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

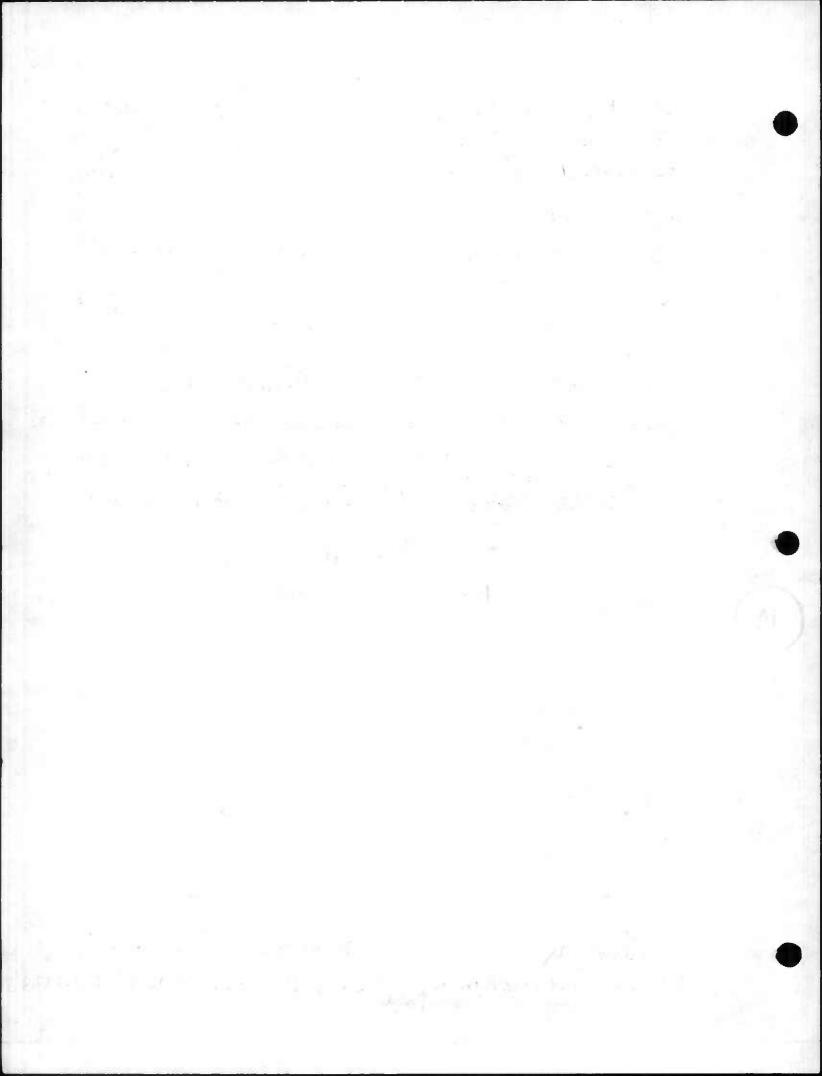
						Certific	cate of	Death		Reg. No.		
			1. Decedent's Neme (First, Middle, La	ist)		. 11.			2. Dete of D	eeth		3. Time of Deeth
	Physic		Robert	Warren		WIK	INS	SON	Month	Dey	99/	22:55
	/Medi Exami		4e. Fecility Neme (If not institution, give	re street end number)		, , , ,	. 1 1	4b. City, Town, o	or Location of Dea	th 4c. County	of Death	199.33
	LXaiiii	ici	SHADY GROVE AD	VENTTST	HOSPIT	ΔT.		ROCKV	TTT.E	MON	TGO	APDV
	Funeral		5. Sociel Security Number 6. 8		e (In yrs. lest bii	1	nder 1 Yea	r If Under 24 H				
	Director		219-16-6328	1 X M 2□ F		Yrs. Mor	ths Deys	Hours M	in. (Month, D	irth Year) 11, 1924	Mar	lece (Stete or Foreign try) 12 12 12 12 12 12 12 12 12 12 12 12 12 1
			Usuel Residence of Decedent							,		
	ylan		10e. Stete 10b. County		10c. City, Tow	n or Location					10	0d. Inside City Limits
	Ma T	ğ	Maryland Balti	more Co	Luthe	erville	9					1 No Yes 2 No
	h the	i e	10e. Street end Number			10	. Zip Code	y .		10g. Citizen of N	Whet Coun	itry?
	within 72 hours effer death with the Maryland ena. than "netural", or items 23a or 28a-f show he Medical Examiner must be notified at	Funeral Director	20 Castlehill	Court			21093	3		U.S.	A	
	deat	Je	11. Maritel Stetus	12. Wes Decedent B	Ever in U,S.	13. Wes D	ecedent of	Hispenic Orlgin?	(Specify Yes or N		e - Americ	
0	of the state of th		1 ☐ Never Merried 2 ☐ Married	Armed Forces?	lo			ben, Mexicen, Pu	erto Hicen, etc.)	Blee	ck, White,	etc.
21215-0020	aif, c	b	3 ☐ Widowed 4 ☑ Divorced	If Yes, Give Yeer or Detes:	WW II	1 U Y	es 2∐XINO	Specify:		Specify	v: Wh	nite
0	2 ho	Completed	15. Decedent's E		16a	. Dacedant's	Usuel Occu	pation	are.	16b. Kind of B	usiness/ind	dustry
21	hin a	pie	(Specify only highest gri	College (1-4or 5	+)	life. DO NO	T usa ratin	ed) during most of v	vorking			
2	d wil	Ş		4	"	Chemi	cal E	ngineer		Lord B	altim	more Press
2	office of the court	Be	17. Fether's Neme (First, Middle, Last)				18. Mother's N	lame (First, Middle	e, Maiden Sumen	ne)	
<u>a</u>	Alanti Alanti Treed tice	To	William Harr	non Wilkins	son			Fann	ie Rull	man		
Maryland	gas 1 and 2 should be filed within 72 hours efter death with the Marylar it of Haaith and Mantal Hygiene. If flam 27 is marked other than "natural", or items 23a or 28a-f show or other traumatic event, the Modical Examinar must be notified at		19a. Informent's Name/Reletionship (Type, Print)					Rural Route Num			
	alth alth br tre		Jessie Wilkinso	on (Daughte	er) 20	O Cast	lehil	1 Court,	Lutherv	ille, Md	2109	93
e C	is 1 a fram fram outh		20e. Method of Disposition		20b. Piece o	f Disposition ry, cremetory	(Name of	acel	Dete	20c. Location -	City or To	wn, Stete
Baltimore,	pemit. Pagas 1 and 2 Department of Haalth i Important: If item 27 is any injury or other tra once.		1 ☐ Burlel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special			Mount		-	7/24/96	Baltin	ore.	Maryland
=======================================	Departm Importa any inju		21. Signeture of Funeral Service Lice	**	- OTCCII			ress of Fecility	17-17-		,	
ä	Depa impo any ir		i sie	10-4),	A.	Alan	Seitz, J	r. Funer	al Home		
	_		23e Perti Enter the disease or com	plications that dayson	the death. Do	381	8 Rol	and Aven	ue. Balt	imore. 1	Id. 2	1211
		и з	23e. Pert1. Enter the disease, or com shock, or heart feilure. List only	one ceuse on each lin	(ne dee(n. Do	not enter the	mode of dy	ing, such es cerd	iec or respiretory	errest,	- 1	Approximate Interval Batween Onset and Death
	Physician /Medical		Immediate Cause (Final	0:0	-00	1100	111 1	2 10	OINEA	-	1	1
7	Examiner		diseese or condition resulting in deeth)	. CERI	=13(00	VASC	UCM	IC AC	CIPEN	/		10 1848
		5	(Second) = (4		Due to (or es e	consequence	of):					
	be the	를		b								
*	The law requires that the death cartificate be executed ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Examiner	Sequantielly list conditions, if eny, leeding to immediate ceuse. Enter Undarlying Cause (Diseese or Injury		Due to (or es e	consaquence	of):					
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587	phy:	Medical	resulting In deeth) Lest	ľ	Oue to (or es e	consequence	of):				i	
×	ding sa a			d								
Box	that tha daath ca ed by tha attend datached for us	Physician										
Ö	ha de	ysi	Pert II. Other significant conditions of	_			ng ceuse g	iven in Pert I.	23b. Dic		ntribute to	the cause of death?
P.0	hat the ed by datac		DIABETES	MERC	ITUS	>			10	Yee 2/3 No	3 Prob	bably 4 Unknown
of Vital Records,	signed ld be dat	l by							-	Carrier and	045 144	
Ö	v require been si should	Completed							24e. We	s en e <i>u</i> topsy ormed?	eve	ere eutopsy findings ellable prior to mpletion of ceuse
ec	a law has b	npi										death?
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/ita	cartificata rector, pag	Be	25. Wes cesa rafarred to medicel exeminer?					26. Plece of D	eeth (Check only	one)		
1	5 0 0	ဥ	1 ☐ Yes 2 No	Hospitel: 1 Inpatier	nt 2 ER/O	utpetient 3	DOA	ther: 4 \(\sime\) Nursing	Home 5□Res	idence 6 DOth	er (Specify	y)
	ding Ph h. After th funeral		27. Manner of Deeth 1 ☑ Naturel 5 ☐ Pending	28e. Date of Injur (Month, Day	y 28b.	Time of	28c. Inje	ury et ork?	28d. Describe	how Injury occur	red	
000	Attending or death.	atle	2 Accidant investigation	n		M		Yes 2□No				
pivision	or Attend	Certification:	3 ☐ Suicide 6 ☐ Couid not b	e 28e. Plece of Inju- building, etc		erm, straat, fa	ctory, office)		(Street end Numb	er or Rura	l Route Number,
声	- ラモオニ	Ce		, o.o	. (0,000.)				0.0,0	, 0.0.0,		
	Tothe Hospital		29a. Certifier to Certifying Ph	yelcian: To the best o	f my knowladge	, deeth occu	red et tha t	ime, data and pla	ce, and dua to the	causa(s) and me	anner as st	eted.
	plate	edicai	one)	niner: On the basis of end menner ste	ted.	d/or investiga	ition, in my	opinion, deeth oc	curred at the time	, date end piece,	ena aue to	the ceuse(s)
-	V III	Σ	29b. Signeture end title of certifier	1An-1		000	N 1	se number		29d. Date signe		
			James Mich	all I wer	way	100	DZ	29730	C	JULY	23	,1996
	1		30. Name end eddress of person who	completed ceuse of de	eth (Item 23e)	(Type, Print)	-					
,	10		JAMES MICHAELAN	JCHORS MD	1622	e FRE	DER	ICIC RA	GATTIA	GR S B UI	26	MS
	Sta	te	31. Dete filed (Month, Day, Year)	10112-00000-0000000	r's Signature		-					
	Registi		JUL 2 4 1996	Julie Davida	1- Hande B	2						
			~ ~ ~ ~ ~ 1330		1.6.00	-						



Amended items #2 & 19a, g-737, 7/31/96emh per fh Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 21835 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Death 3. Tima of Deeth Month **Physician** 2:30 p.m orothu Young /Medical 4e. Fecility Name (If not institution, give streat and number) 4b/City, Town, or Location of Deeth **Examiner** Srownhil andallstown 8. Dete of Birth (Month, Day, Year) 5. Social Sacurity Number 6. Sex If Under 1 Year | If Under 24 Hrs. Birthpieca (Stata or Foraign Country) 7. Age (In yrs. last birthday) **Funerai** 1□M 217 F Deys 14-22-2031 8 Yrs. Director Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at ma)a 1 Nas 2□ No Director 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Code or items 23a or 4.5 21224 12. Was Decedent Ever in U,S. 9 Funeral Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Raca - American Indian, Biack, White, etc. 11. Maritel Status Armad Forces?

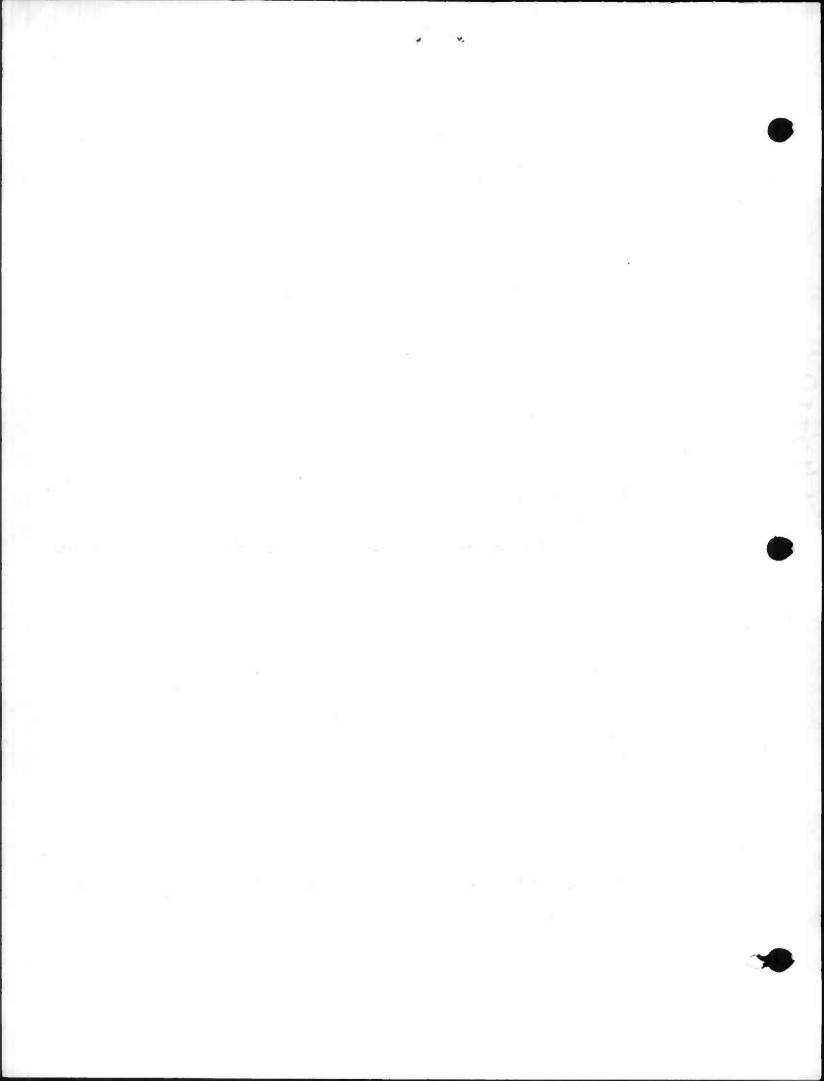
1 Yes 2 No
if Yes, Give
Year or Detes: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Black ò 3 Widowed 4 □ Divorced natural'. Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. College (1-4or 5+) Elementary/Secondary (0-12) tonse parent 0 17. Fether's Neme (First, Middle, Last) permit. Pages 1 and 2 should be filk Department of Health and Mental Hy Important: If Item 27 Is marked oth any Injury or other treumetic event 18. Mother's Nama (First, Middle, Maidan Surnama) Owens red 19e. Informent's Name/Raletionship (Type, Print) Dolores 19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, State, Zip Code) 3834 Brownhill Kandallstom, md 21133 ice - Daughter 20e. Method of Disposition 20b. Plece of Disposition (Name of cometery, crematory or other place) Date 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removal from State 7/26/96 PIC Memorial 4 Donation 5 Other (Specify) 21. Signature of Puneral Service Licenses 22. Name end Address of Facility, March Avenue Balto, Md 23a. Pert1. Enter tha disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one ceuse on each line. **Physician** Immediate Ceuse (Finel diseasa or condition resulting in deeth) Examiner Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or as a consequ Dua to (or as a consequence of): Box The law requires that the deam P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causa of death? 1 Yes 2 No 3 Probably 4 3 Unknown Records. þ page 2 should Completed 24b. Were eutopsy findings eveileble prior to completion of cause of daath? 24a. Wes en eutopsy performed? certificate 1 Yes 2 12 No 1 Yes 2 No of Vital Hospital or Attending Physician: Be 25. Was case referred to medical examiner? 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Member of Deeth edical Certification: 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Division Affer 1 Netural 5 Pending investigation death. 2 No 1 ☐ Yes 2 Accident efter death filled in by the 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide To the Hospital o within 24 hours of To the Funeral D completely filled I 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(e) end manner es steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) and menner steted. 29e. Certifier 29b. Signeture and title of certifier 29d. Date signed (Month, Day, Year) 29c. License number 30. Neme and address of completed cause of deeth (Item 23a) (Type, Print) 020 MADUNDITA N. Day, Yeer) 31. Date filed (Month) 43. Medichara Biograff and Be State Registrar



THE HOSPITAL ON WINDOWN THE IOW requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR ATTACHMENT CONTROL TO Should be the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 from a men days with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item the marked, or larm 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL CHAM	NERAL DIRECT	hin 72 hours a	NI. H III
TO THE HO	TO THE FUI	be filed with	IMPORTAL

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH					
ľ	JOAN R.	7	ZUKAS			JULY 2	.00						
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (III		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. 81	RTHPLACE (State or Foreign					
	216-36-4306 9a. FACILITY NAME (If not Institution, give s	1 M 2 XF 57	YRS.	DAYS DAYS	HOURS MIN.	Jan. 10,		Maryland					
E	Stella Maris I		ľ	Towso		imore							
5	RESIDENCE OF DECEDENT												
DIRECTOR	Md. Balt	timore	10.7	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?					
	100. STREET AND NUMBER	TIMOLE	Dun	dalk	ZIP COOE			1 YES MO					
FUNERAL	8221 Park Have	en Rd.		101	21222		USA	JF WHAT COUNTRY?					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			IIC ORIGIN? (Specify Yes	or No- 14, R	RACE — American Indian, Black, White, etc.					
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA	TES		2 NO Specify			Specify: White					
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	SUAL OCCUPATIO	NA	16b. KIND OF BUS	CINECO (INDITION	200					
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mo.	st of working	100. KIND OF 80:	SINESS/INDUSTR	J¥					
P.	12 yrs.	College (1-4 or 5+)	Housew	ife		Hom	ne						
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Sumeme)						
BE C	Clarence W. H	loss			Grace	e E. Hess	5						
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow							
F	John Zukas	Husband	8221	Park H	laven Ro	d. Dundal	k, Md	. 21222					
	20e. METHOD OF DISPOSITION 1 Vi Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Oak Lawn Cem. 17-23 Baltimore												
	21. SIGNATURE OF FUNERAL SERVICE LIC		IN LIAWII	22. NAME AN	ID ADDRESS OF FA	CILITY							
	Chithony (It Con	nelly	7110	Sollers	neral Hom s Point R	Rd. 21:						
	23. PART I. Enter the diseases, or a shock, or heart failure.	complications that caused List only one cause on ea	the death. of no	1 enter the mo	de of dying, auc	h aa cardlac or reapi	Iratory arreat,	Approximate interval Between					
	IMMEDIATE CAUSE (Final												
l	resulting in death)												
	DUE TO (OR AS A CONSEQUENCE OF):												
O	Sequentially list conditions, if any, leading to immediate												
AT	csuse. Entar UNDERLYING							[
Ē	CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF)										
CERTIFICATION	resulting in death) LAST	d											
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
CAL					g outdoo givein iii	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE					
PHYSICIAN: MEDIC						1 TYES 2	XNO	OF DEATH?					
Σ	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	E DEATH YES	YON [UNCERTAIL	v 🗆		1 TES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpet	etient 3 DOA	OTHER:	e 5 🗆 Realdence	6 Xother (Specify)	HOSPIC	E					
Ή	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		26d. DESCRIBE HOW I							
ВУ	1 Matural 5 Pending 2 Accident Investigation	(Merki, Bey, Year)			rES 2 NO								
	3 Suicide a Could not be	28e. PLACE OF INJURY building, stc. (Speci	- At home, ferm, at	reet, fectory, offic	•	281. LOCATION (Street City or Town, State)	and Number or Ru	ıral Route Number,					
	4 Homicide datermined												
COMPLETED	000)	ICIAN: To the best of my knowl											
Š	2 MEDICAL EXAMINE	R: On the beels of examination	and/or Investigation	, in my opinion, d	eath occured at the	11me, data and place, ar	nd due to the cau	use(s) and manner sa stated.					
w I	29b. SIGNATURE AND TITLE OF CERTIFIE	3000	19000000		29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)					
TO B	nordall,	James	uns		D32	643	>7/3	12/96					
	30. NAME AND ADDRESS OF PERSON WH												
	DR. KENDALL FAUL		LANEY VA	LLEY RD	., TOWSO	N, MD 212	04	_					
	JUL 241996	32. REGISTRAR'S SIGN	andelle										
	00F % # 1220	0	- Annie Marie										

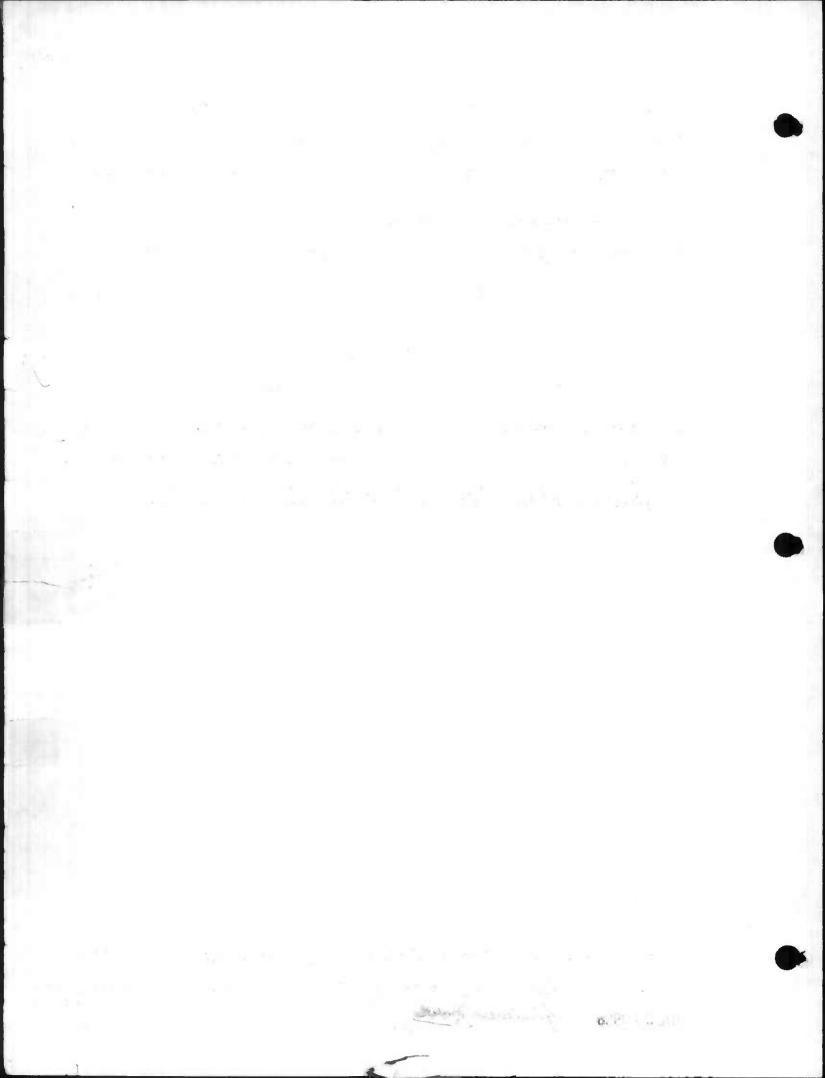


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State of Maryland / Department of Health and Mental Hygiene

					Cei	rtificate of	f Death		Reg. No.					
	Dhysis	on	1. Decedent's Neme (First, Middle, L.	est)				2. Dete of I Month	Deeth Dey	Yeer	3. Time of Deeth			
	Physici /Medi		Beulah Agnes	Zechman				July	18, 199	5	8 AM			
į.	Examir	ner	4e. Fecility Neme (If not Institution, gl 3553 Sweet Air S					or Location of De		inty of Deeth				
					yrs. lest birthday)	If Under 1 Yea	Baltimo				ore City			
ı	Funeral Director			1□ M 2□F 73	yrs. lest birthoay, Yrs.	Months Dey		lin. (Month,	Birth Day, Yeer) 26,192	3 Mar	plece (Stete or Foreign intry) 'Yland			
	()=1-0		Usuel Residence of Decedent					1-12	20,132	, ,,,,,	7.44.4			
	tarylari show ed.st	L	10a. Stete 10b. County		. City, Town or Lo						10d. Inside City Limits			
	th the Maryland or 28a-f show a notified at	oto	_	ore City	Baltim	ore					XXYes 2□No			
	Pe no	Director	10e. Street and Number 3553 Sweet Air St	troot		10f. Zip Code	1211		10g. Citizen	of Whet Cou	ntry?			
	eath mat	Funeral		12. Wes Decedent Ever	in 11 6 40.1			I (Canally Man and			ann Indian			
_	her des her des iner m	Ē	11. Meritel Status 1 ☐ Never Married 2 ☐ Married	Armed Forces?		If Yes, specify Cu	iben, Mexican, Pu	(Specify Yes or I uerto Rican, etc.)		Rece - Ameri Bleck, White,				
020	ar, or	b	3 ₩idowed 4 Divorced	1 ☐ Yes 2 TNo If Yes, Give Yeer or Detes:		1□Yes 2NN	o Specify:		Spe	ocity: Wh	ite			
200	n 72 hours after death with the Maryla "natural", or litems 23a or 28a-f ahon edical Examinar must be notified at	Completed	15. Decedent's E		16a. Decad	dent's Usuel Occi kind of work don DO NOT use retir	upation	undina	16b. Klnd o	f Business/In	ndustry			
21215-0020	within one. then	nple	Elamantary/Secondary (0-12)	College (1-4or 5+)			red)	WOIKING						
	71 St. L. 100	S	12	41	ног	nemaker	40 Mathada	Name (First Afide	Own I					
Maryland	SGES	Be c	17. Fether's Neme (First, Middle, Las William Wagner	0			18. Mother's Neme (First, Middle, Meiden Surname) Mabel Gordon							
₹	2 should and Man is merke aumetic	10	19a. Informant's Name/Reletionship	(Type Print)	19h Meillr	nn Address (Stree	Total and a second	Rural Route Nur		wn Stete 7i	n Code)			
_	400		Karen Zechman Da								land 21211			
re,			20e. Method of Disposition	20	b. Pleca of Dispo			Dete		on - City or T				
altimore,	0 - = 0		1 Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci					ery 7/22	Garris	son Fo	rest, MD			
alti	permit. Pa Departmen mportant: any injury ance.		21. Signature of Funerel Service Lice	pepe		2. Name end Add		1	04.04					
m	88588		1 Jum	Lugar He				eral Home Baltimon						
	*		23e. Pert1. Enlar ne diseese, or con shock, or hand feilure. List only	pplications het caused the cone ceuse on each line.	death. Do not ent	er the mode of dy	ying, such es care	dlac or respiretory	errest,		Approximete Interval Between			
	Physician			0	A	- 1	11	7	. 0		Onset end Deeth			
	/Medical Examiner		Immediate Causa (Final disease or condition resulting in deeth) e											
		<u>-</u>	Due (o for as e consequence of):											
	uted J Insit	Sequentielly list conditions, if eny, leafer by the forest of the consequence of): Sequentielly list conditions, if eny, leafer by the consequence of):												
o,	ertificete be axecuted ling physicien end se as the bunel-transit	Exa	Sequentially list conditions, if eny, leeding to immadiate cause. Enter Underlying Ceuse (Disease or Injury											
68760	ote be nysicie	edical	Ceuse (Diseese or Injury that Initiated evants resulting In deeth) Lest Due to (or es e consequenca of):											
39 X	ding ph	Med	resolding in deedin) Lest		i									
80	0 0 0			d										
o.	lew requiras that the death c as been signed by the ettenc a 2 should be detached for us	Physician	Pert II. Other elgnificant conditions	contributing to death but not	resulting in the u	nderlying cause g	given In Pert I.	23b. Di	d tobacco uee	contribute t	to the cause of death?			
<u>.</u>	that the ed by detac		Byrst	Euroi	dis	m		1[□ Yes 2□ N	o 3 Pro	obably 4 Unknown			
Records,	uiras Isign	d by	0080	- 8	0.	0	4	24e. W	es en eutopsy	24b. W	/ere eutopsy findings			
် ပ	v require been si should I	iete	Moron	w A	M4 3	M	rence		rformed?	CC	veilable prior to ompletion of cause i deeth?			
	The levate has	Completed			6			15	Yes 20N		☐Yes 2☐ No			
Vital		Be C	25. Was casa rafarred to medical				26 Place of	Death (Check onl		, 10				
	Attending Physician: sr death. ector: After this certific by the funeral director,	ToB	exeminer? 1 Ves 2 No	Hospital: 1 ☐ Inpatient	2 ER/Outpetler	nt 3 DOA	Wher:	g Home 5 Re	-	Other (Speci	ify)			
n of	ding Ph h. After th funeral		27. Menner of Deeth 1 ☑ Netural 5 ☐ Panding	28a. Deta of Injury (Month, Dey Yea	r) 28b. Time of Injury	28c. Inj	ury at ork?	28d. Describ	e how injury oc	curred				
Sio	ttendir death. ctor: Af y the fu	catic	2 ☐ Accident Investigation	n			☐ Yes 2 ☐ No							
DIVISION	or Attendate deat	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury - / building, etc. (Sp	At homa, farm, str ecify)	eat, factory, office	9		(Street and Nu Town, Stete)	mber or Run	ral Routa Number,			
_	pital Surs eral		29a. Cartifier 1 Certifying Pl	nysician: To the bast of my	knowledge deeth	acquired at the	time data and al	and due to th	o course(s) and	manner es i	ntated			
	Hos 24 hc Fun etely	edicai	(Check only 2 Medical Example one)	miner: On the basis of examend menner steted.	ninetion end/or inv	vestigation, in my	opinion, death o	ccurred et the tim	e, date end place	a, end due t	o the cause(s)			
1	0 0 0	Me	29b. Signeture end title of cartifier		0	29c. Licer	nse number		29d. Dete sig	ned (Month,	Dey, Year)			
1	, ,		Diadem	a Simo	Bet	an.		10737	7	-18-	96			
1			30. Neme end eddress of person who	completed cause of deeth	(Item 23a) (Type,	Print)	د .رد	1 4 7 37	M	10	•			
			DIADEMYS SI	MON-BEL	TRAN	m.D.	701	W-36	24'	BA	uto ma			
	Sta		JUL 24 1996	32. Registrarte S	ignature						21217			
	Registr	ar	JUL 6 # 1330											

DHMH 16 Rev 6/95



3. TIME OF DEATH 4:50

10d. INSIDE CITY 1 YES 2 NO

14. RACE — American Indian, Black. White, atc.

Approximata Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 0 NO

8. BIRTHPLACE (State or Foreign Virginia

FUNERAL DIRECTOR

BE COMPLETED BY

2

BY PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED

0

EXAMINER?

1 X Natural

2 Accident

4 Homicide

3 Suicide

1 YES 2 NO

5 Pending

6 Could not be determined

27. MANNER OF DEATH

										96	5 2	2183
1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN				HEALTH AND		YGIENE EG. NO.	E		
1. DECEDENT'S NAME (Firs	t, Middle, Lest)						DEATH	2. DATE OF E	DEATH			3. TIME OF DEA
Victor I	. ^	hhott						MONTH JUTV	1 (YEAR	
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER	t YEAR	IF UNDER 24 HRS.	7. DATE OF B	HATH		BIRTHP	4:50
215-09-58		1	81	YRS.	MONTHS	DAYS	HOURS MIN.	Nov.	30,19	14	Vir	ginia
Alice By	rd Ta		sing	Home			or location of D	EATH		Sc. COUNT	omers	
104. STATE Maryland	10b. COUNT	nerset		10c. CIT	Y, TOWN O		TION field					10d. INSIDE CIT LIMITS?
10e. STREET AND NUMBER 454 Ch		e Ave.				10	1. ZIP CODE 21817			10g. CITIZI		IAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	⊠ NO		yes, s	CENDENT OF HISPA Decity Cuban, Mexico 3 2 A NO Special	en, Puerto Ricari	pecify Yes i, etc.)	or No-	I4. RACE - Black, Specify.	- American Ind White, atc.
15. DEC	EDENT'S EDU	CATION	164	DECEDENT'S	USUAL OC	CUPATI	ON	16b. KIN	D OF BUS	INESS/INDU	STRY	
Elementary/Secondary (Grade 1		College (1-4 or 5	·)	(Give kind of life. Do NOT us					Mari	ne		
17. FATHER'S NAME (First, A	liddie, Last)						18. MOTHER'S NA	ME (First, Middle	. Maiden S	Sumame)		
Daniel A	bbott							a Hibbl				
Victoria Hu	ffman	(daughte	r)				and Number or Rural Ville Roa					1817
20a. METHOD OF DISPOSIT 1 M Burlel 2 □ Crematic 4 □ Donation 5 □ Other	on 3 🗌 Rem	oval from State		CE AND DATE			ame of ial Park'	7/12/96	20c. LOC	ation — ci isfie		
21. SIGNATURE OF FUNERAL Robert H	OX B	sendla	···)		22.	Brace	ND ADDRESS OF FA	outy Sons Fu	nera	1 Hom	ie ,	
	eart fallure.	complications the List only one cau	t caused the	death. Do r	not enter	the mo	ode of dying, suc	h aa cerdiac	or reapir	atory arre	st,	Approxin
immediate cause (Fir disease or condition resulting in death)	→	arte	rios	ite	rotes	- (Parlion	asent	Per ;	Deso	are	Onset an
Sequentially list condit		Gene	taleg	NSECUENCE OF	the	ro	Parlion	ozis				109
if any, leading to imme cause. Enter UNDERLY. CAUSE (Disease or inju- that initiated events resulting in death) LAS	diste ING Iry	c. DUE TO	(OR AS A CO	NSEQUENCE OF	F): F):							
PART II. Other significa CVA & COPP Shyper	Rt.	Semi Eer.	death but n	les de la contra del contra de la contra del la	in the und	derlyin	g cause given in	- 0	WAS AN A PERFORM	AED?	0	VERE AUTOPSY F MAILABLE PRIOR COMPLETION OF F DEATH?
25. WAS CASE NEFERRED T	O MEDICAL		-			26. P	ACE OF DEATH (Ch	eck only one)				

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

filent 2 - ER/Outpetient 3 - DOA

26c. INJURY AT

1 YES 2 NO

e 5 🗆 Residence 6 🗆 Other (Specify)

29505

28d. DESCRIBE HOW INJURY OCCURED

26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

296 SIMMATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

OTHER:

28b. TIME OF

HOSPITAL .

28s. DATE OF INJURY (Month, Day, Year)

GREGORIO M. BELLOSO, M.D. 5302 CHINABERRY DR., SALISBURY, MD 2180

32. REGISTRAR'S SIGNATURE JUL 1 2 1996

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The state of the same

The same

11

Marchen E. P. Den & pay

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 24 hours after death, Page 6 may be retained by the hospital or attending physician.

FOR

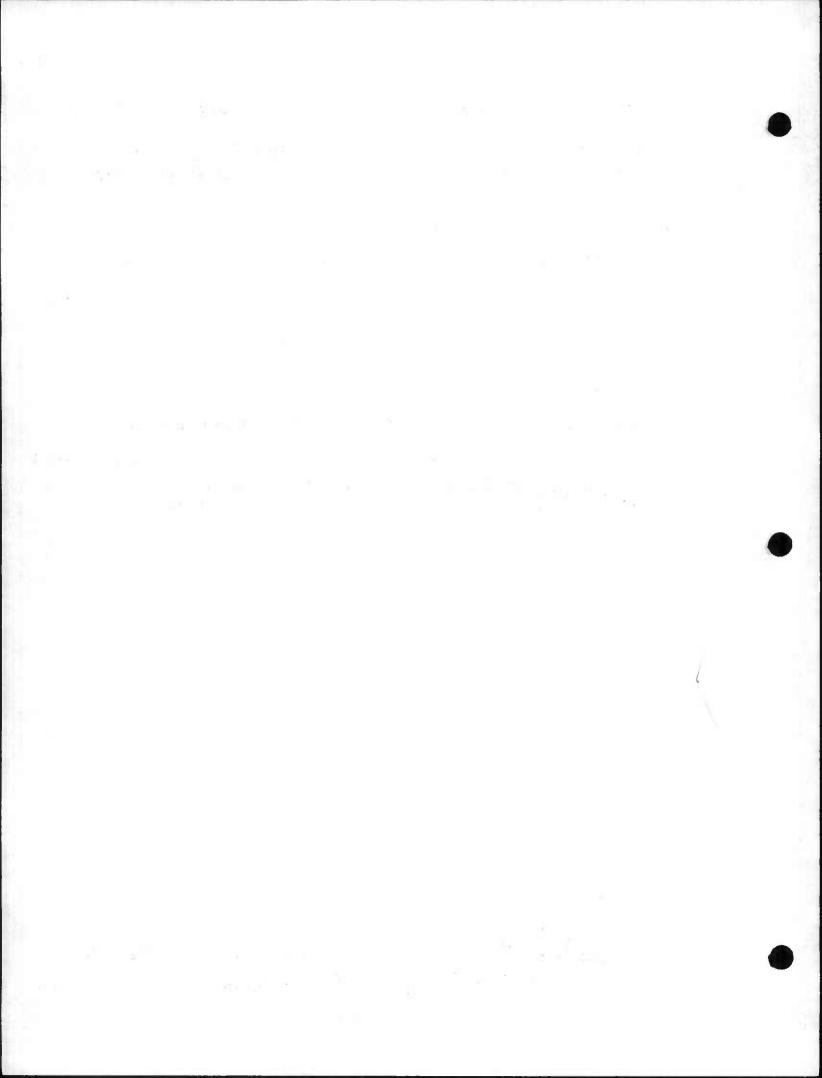
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CE	RTIF	ICATE (OF DEA	TH		REG. NO.				
	t. DECEDENT'S NAME (First, Middle, Last)								OF OEATH			3. TIME OF OEATH	
	Mary	Henriett	а		Adan	ns		Jul	y 12,	"1996	YEAR	7:45 Pm	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YE		ER 24 HRS.	7. DATE	OF BIRTH		S. BIRTH	IPLACE (State or Foreign	
	214-48-5573	1 🗌 M 2 🔀 F	93	YRS.	MONTHS D/	HOURS	MIN.	Jun	TI , Year 19	903	Mar	yland	
	9a. FACILITY NAME (If not institution, give st	,			9b. CITY, TO	WN OR LOCA	TION OF O	EATH		9c. COU	NTY OF O	EATH	
OH	St. Mary's Nurs	ing Cent	er		Leor	ardto	wn			St	. Ma	ry's	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			100 CI	Y, TOWN OR L	OCATION					1	10d. INSIDE CITY	
E		Mary's			alley						- 1	LIMITS?	
	10e, STREET AND NUMBER	1 0		<u> </u>		101. ZIP CC	ne .			I too CIT	IZEN OF V	1 YES 2 NO	
VERA	P.O. Box 253					2069					U.S.		
5	11. MARITAL STATUS 1 Never Married 2 Married		T EVER IN U.S. AR		13. WAS	DECENDENT	OF HISPAI	NIC ORIGII	N? (Specify Yes	or No—		— American Indian, t, White, etc.	
BY	3 X Widowed 4 Divorced		MAR OR DATES			YES 2 N			,		Speci	White	
	15. DECEDENT'S EDUC	CATION	16a DE	CEDENTS	USUAL OCCU	PATION		164	. KIND OF BUS	SIMEGE /IM		wiite	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(G.	ive kind of Do NOT u	work done durir	g most of wor	king	100	A KIND OF BO.	31145371141	JUSTRY		
7	12th Grade	College (1-4 of 5	*,	Hon	emaker				Own	Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MC	THER'S NA	AME (First,	Middle, Malden				
BE C	Joseph	Boo	the				Eliza	abeth		Cecel	ia	Hammett	
	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Si						Code)		
2	J. Gregory Adams		F	.0.	Box 25	3, Va	lley	Lee,	MD 2	20692			
	20q. METHOD OF DISPOSITION 1 ABurlel 2 Cremation 3 Remo	nval trom State			OF DISPOSITIO			DAT		CATION -			
	4 Donation 5 Other (Specify) St. George Cath. Cemetery 7/17/96 Valley Lee, MD												
J.	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE D	1		Matt	T DOLE	NESS OF FA	CLITY COLDE	r Fune	ral	Home	. Р. А.	
	Michael	10	Tourse	200								and 20650	
	23. PART . Enter the diseases, or o	complications the	at caused the de	ath. Do						-		Approximate	
	ahock, or heert fellure. IMMEDIATE CAUSE (Final	Liet only one car	uae on eech line).								Interval Between Onset and Death	
	disease or condition resulting in deeth)	CARDIO RESPIRATORY FAILURE									2 hours		
	resulting in deetin)	DUE TO	OR AS A CONSE	OUENCE C	OF):	, ,		111-1				Z Mouts	
z	A CONTRACTOR AND A CONT										more than		
E	Sequentially liet conditione, if any, leading to immediate												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	CHRONIC OBSTRUCTIVE PULMONARY								DIS	EAS	E more than	
비	that initiated events resulting in deeth) LAST	DOE TO LOW AS A CONSEQUENCE OF J.										Syeals	
E		d											
	PART II. Other algnificent condition	a contributing to death but not resulting in the underlying cause given							24a. WAS AN		24b	. WERE AUTOPSY FINDINGS	
DICAL	ATRIAL FI	BRILLATION.							PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE	
							7		OF DEATH? 1 YES 2 NO				
÷	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF DEATH YES NO IN UNCERTAIN											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLAC	CE OF DE	TH (Check only	one)							
SIC	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	Homa 5 🗆	Rasidanca	6 🗆 Oth	er (Specify)				
£	27. MANNER OF DEATH	28a. DATE OF		28b. TII	ME OF 28 JURY	c. INJURY AT WORK?		28d. DE	SCRIBE HOW	NJURY OC	CURED		
BY	1 Netural 5 Pending 2 Accident Investigation				4.4	annua .	□ NO						
	3 Suicide 6 Could not be	26s. PLACE (building	OF INJURY - At he etc. (Specify)	me, term,	street, factory,	offica			CATION (Street or Town, State)		r or Rural I	Route Number,	
COMPLETED	4 Homicide datarmined												
2	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best o	f my knowledge, de	ath occur	red at the time	date and pla	ce, and due	e to the ca	use(a) and ma	nner ee sta	ted.		
₩ O	one) 2 MEDICAL EXAMINE	R: On the basis of o	examination and/or	investigati	on, in my opin	on, death oc	cured at the	e time, det	and placa, ar	nd due to t	he cause(s	i) and manner as stated.	
EC	296. SIGNATURE AND TITLE OF CERTIFIER	R				29c. L	ICENSE NU	IMBER		29d. DAT	E SIGNED	(Month, Day, Year)	
0	AMUY DR	MOHAM	MAD A.	RAI	IMAN A	1 YOU	50	04	4	•	071	16/1996	
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	USE OF DEATH (ITE	M 27) (Typ	e, Print)	7			-		-		
	Mohammad A. Ral	nman, M.	D.		Le	onard	town,	MD	20650				
	31. DATE FILED (Morith, Day, Year) JUL 18 1996	32 REGISTR	AR'S SIGNATURE	Lell									
- 1	JUL TO 1990	House and		4-4									

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q C

					Olato 0	i ividi yidi		ertificat		Death	nomai m	Reg. No.	30	21840		
	Physic	ion		na (First, Middle, La							2. Data of Do	eath Day	Yaar	3. Tima of Death		
	/Medi		Lottie			Brice					July	7 1	996	12:25 PI		
	Exami	ner	4a. Facility Nama	(If not institution, given	a street and num	n <i>ber)</i>				4b. City, Town, or L	ocation of Dea	th 4c. Coun	ity of Death	P. Committee of the Com		
			The P			- 4 //		(av) If Undar	1 Vaar	East If Under 24 Hrs.	on		Talb	ot		
l	Funeral Director	4	5. Social Security I 217-30-8	195	Sex 1□M 2IXF	7. Aga (In yrs		Months	Days		B. Data of Bi (Month, D Dec . 2	ith ay, Year) 1,1916	9. Birth Cou Mar	nplaca (State or Foraig intry) 'y Land		
	Bud W		Usual Rasidance of 10a. Stata	10b. County		10c. C	ity, Town o	r Location		_			т	10d. Insida City Limits		
	Many 1 sh	ò	MD	Talbot	_	F	aston					1 X Yas 2 □ No				
	r 28a	ie.	10e. Straat and Nu				aston	10f. Zip	Coda			10g. Citizan o	f What Cou	Intry?		
	h witi	o e	9 Po	rt Street				2	2160)1		1	USA			
21215-0020	be filed within 72 hours after death with the Marylend tal Hygiene. d other than "naturat", or itama 23a or 28a-f show event, tra Modical Examinet crust te notified at	by Funeral Director	11. Marital Status 12 Navar Mari	ried 2 Married	12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas:			13. Was Dacedant of Hispanic Origin? (Specifif Yas, specify Cuban, Maxican, Puarto Ric			ecify Yas or No Rican, atc.)	0- 14. Ri Bi	iack, Whita	Ican Indian, , atc. Black		
5-0	72 hours "natural",	ted	(Sne	15. Decedent's E	ducation		16a. De	ecedant's Usua	al Occup	pation during most of work	dec	16b. Kind of	Businass/I	ndustry		
21	J within 72 ho piene. r than "natur r Meolest	Completed	Eiamantary/Sec		Collega (1	-4or 5+)		-	se retire	ed)	ang		ъ.			
121	ygien ygien it, m	S	6th				1	Nurse				Private		,		
Maryland	should be filed within and Mental Hygiene. I marked other than umatic event, the M	To Be	Joe B	(First, Middle, Last rice)					18. Mothar's Nam Unknow		e, Maiden Sumi	me)			
Mar	2 sho and la ma			lame/Ralationship (**				-	t and Number or Rui				p Code)		
	1 end Health em 27 rther tr			nurman (F	riend)	001				5, St. Mi						
Baltimore,	Pages nent of ant: If its ury or o		20a. Mathod of Disposition **MRBuriai 2									-				
Bal	permit. Pag Depertment Important: It any Injury o		21. Signatura of Fi	unaral Sarvice Lies	neorg.					ass of Facility Mith Fune r St. Eas						
			23a. Part1. Enter	he disaasa, or com	plications that co	aused tha daa	th. Do not			ing, such as cardiac			1	Approximata Intarval Batween Onset and Death		
d	Physician		arrought riot	e clanula. List only	6	7	1	1.						Onset and Death		
1	/Medical Examiner		Immediata Causa diseasa or condition rasulting in daath)	(Final	. The	PSPINE	efor	1 tail	lere					Zweeks		
	MATE.	ner	rasulting in death)		1	Dua to (or as a oon	sequence of):	V. ve	pulmo	mara d	Xear		upans		
	and -transi	Examiner	Sequentially list co	onditions,	b	Dua to (or as a con	sequance of):	100	pound						
60,	be ax ician burial	a E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents													
68760,	aath certificate be axecuted attending physician and I for use es the burial-transit	edicai	rasulting in daath) Last													
Box	n cert	2														
	the attended for	sicie	Part II. Other algni	ficant conditions of	ontributing to de	ath but not ras	sulting in th	a undarlying ca	ausa gi	van in Part I.	23b. Did	I tobacco uae c	ontribute	to the cause of death		
P.0	hat tha daath cer ed by the attendir detached for use	Physician/N										1 Yee 2 No Probably				
	es that igned be det	by														
cord	been s	Completed									24a. Was perf	s an autopsy ormed?	a	Vara autopsy findings vallable prior to omplation of causa f daath?		
R	@ F &	E O									10	Yas 2□No		□Yas 2□No		
ital	defen: The certificate rector, pag	Bec	25. Was casa rafa	rred to medical						28. Place of Deal	h (Check only	one)				
f V	5 00 0	To	axaminar? 1 ☐ Yas	No	Hospital: 1 □ Is	npatiant 2	ER/Outpa	tient 3 DO	A Ot	har: Nursing Ho	oma 5□Ras	Idance 6 🗆 O	thar (Spec	ify)		
ouo	ding Phys th. After this funeral d		27. Mannar of Deal Natural 2 Accidant	th 5 Panding invastigation		f Injury h, Day Year)	28b. Tim Inju	a of 2	8c. Inju Wo			how injury occ				
Division of Vital Records,	or Attandil after death, Director: A I in by the fu	Certification:	3 ☐ Suicida 4 ☐ Homicida	6 Could not b datarmined	28a. Placa	of Injury - At h ng, atc. (Speci	oma, farm, fy)	straat, factory	, offica		28f. Location City or To	(Street and Num own, State)	nber or Ru	ral Route Number,		
	To the Hospital or Attanding i within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edicai C	29a. Cartifiar (Check only one)	Cartifying Ph	ysicien: To tha ninar: On tha ba and mann	sis of axamina	owladga, da ation and/o	aath occurred a r Invastigation,	at tha ti in my o	ma, data and place, opinion, daath occur	and dua to the red at tha tima	causa(s) and r , data and place	nannar as a, and dua	stated. to the causa(s)		
	To the To the comp	Me	29b. Signatura and	titia of contain	mole	11)		29c	. Lican	sa number	133	29d. Date sign	ned (Month	, Day, Year)		
			30. Nama and addi	ass of person who	complated cause	a of death (Ital	m 23a) (Ty	pe, Print)	11	DZS9. Wild AV		- 1	0')	71/0/		
	Sta	ite	31. Data filed (Mon			AD egistrar's Sign				wild AV	znue,	Easto	n, N	y 4601		
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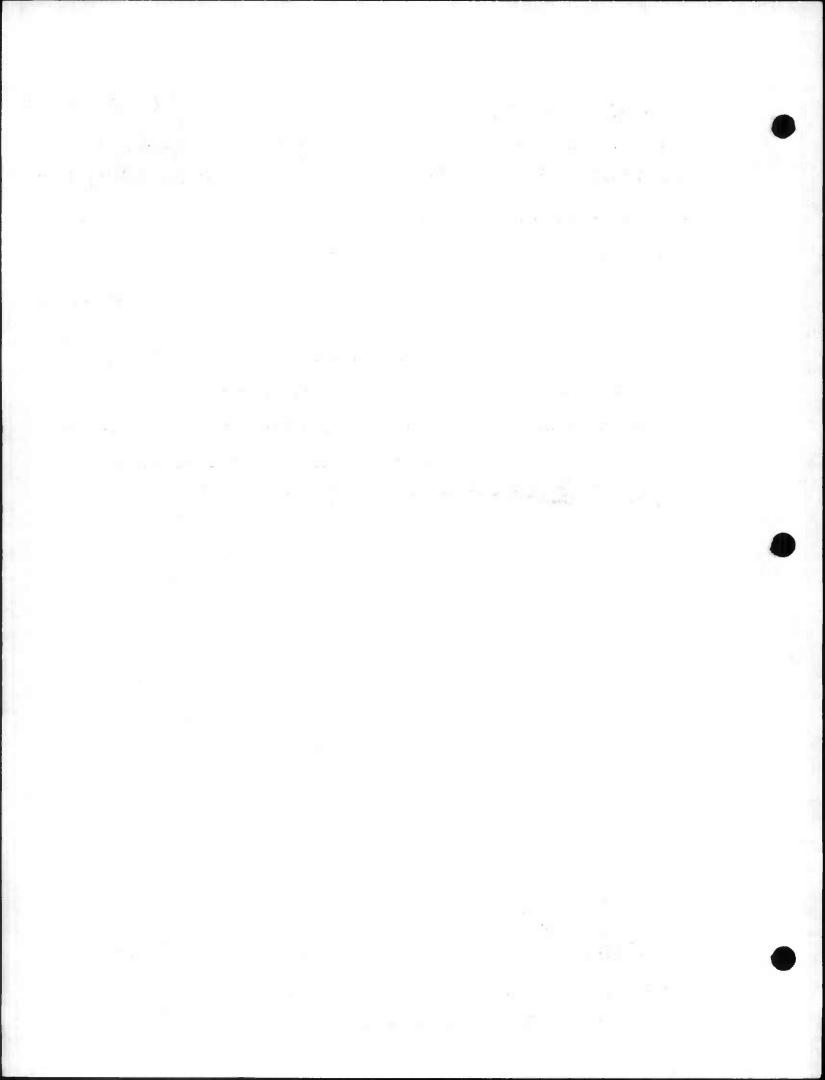
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State of Maryland / Department of Health and Mental Hygiene

96 21841

				, , , , , , , , , , , , , , , , , , , ,		Certificate of	Death	violitai i iy	Reg. No.	20	21041
	Physic /Medi		1. Decedent's Name (First, Middle, Last Roland W	Bailey				2. Date of De Month	7 Dey 6	°96	3. Time of Death 12:45 Am
	Examii	ner	4a. Fecility Name (If not institution, give	er estimate a color mark			4b. City, Town, or L				
-			334 S. Commerce 5. Sociel Security Number 6. S		yrs. (est bin	hdev) If Under 1 Yea	Centrev:		Queen		es iece (Stete or Foreign
	Funeral Director			M 2□F	110	Yrs. Months Deys		8. Dete of Bir (Month, Da	Year)		Ryland
	rland How		10a. State 10b. County	10	c. City, Town	or Location				1	0d. Inside City Limits
21215-0020	Mar	tor	Maryland Queen Ar	nnes	Centre	eville					Yes 2□No
	th with the 23s or 28	al Director	10e. Street and Number 334 S. Commerce	Street	·	10f. Zip Code 21617			itry?		
	within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show he Modical Exprises must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 ☑ Yes 2 ☐ No if Yes, Give Year or Detes:	in U,S.	13. Was Decedent of If Yes, specify Cu		pecify Yes or No Rican, etc.)	- 14. Rac Bied Specify	e - Americok, White,	etc.
5-0	72 h	Completed	15. Decedent's Ed (Specify only highest gra-	lucation de completed)	18a.	Decedent's Usuei Occu (Give kind of work done life. DO NOT use retin	upation e during most of work	king	16b. Kind of Bu	usiness/Inc	Justry
121	I within 7 liene. r then "n the Med	mpi	Elementery/Secondery (0-12)	College (1-4or 5+)						0.1	1
CA DO	DOL		12th 17. Fether's Neme (First, Middle, Last)		S	taple Manag	Gunstor Maiden Sumem		001		
lan	S a b s	To Be	Roland E. Bailey				Reba Mo		maiden comen	.0)	
Maryland	& DEE	F	19a. Intormant's Neme/Reletionship (7	Type, Print)	19b.	Malling Address (Street			er, City or Town,	State, Zip	Code)
	C = 0 =		Janet Jones Bai	ley	3	34 S. Comme	erce Stree	t. Cent	reville	. Md.	21617
Baltimore,	Pages ent of nt: If it ry or o		20a. Method of Disposition 1 □ Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specify		ece)	Dete 20c. Location - City or Town, Stete 7/15/96 Beulah, Md.					
alti	permit. Page Department of Important: If any Injury or once.		21. Signature of Funerel Service Conn	500		22. Name end Addi	ress of Fecility				
m	88 E 6 8)	Smith Funox 1687,			A 2	1601
	Physician /Medical Examiner		23a. Pett f. Enter the disease, or companion, or heert tailure. List only of the disease or condition resulting in deeth)	a. Noasm	all e	consequence of):	ring, such es cardiec	or respiratory a	rrest,		Approximete Intervei Between Onset and Death
68760,	ificate be asscuted g physician and as the burial-transit	edicai Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events Due to (or es e consequence of): Due to (or as e consequence of):								
Box 68	5 O 6		resulting in death) Last								
P.O.	requires that the death cert seen signed by the attendin hould be detached for use	y Physician/N									
Division of Vital Records,	aw requir is been s 2 should	Completed by	-					24a. Wes perfo	an autopsy med?	ave	ere autopsy tindings ellable prior to epletion of cause death?
H	The page	Con						101	res 2 No	10	Yes 2 No
Vita	ystclen: The l s certificate ha director, page	Be	25. Wes case reterred to medical examiner?	Hospital:			28. Place of Dee	th (Check only o	ле)		
of	Physician: r this certific rral director,	. To	1 Yes 2 No 27. Manner of Death		2 ER/Out	petient 3LI DOA			dence 6 Other		0
sion	To the Hespital or Attending Phymitin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	1 Matural 5 Pending 2 Accident investigation 3 Sulcide 6 Could not be			njury We	Yes 2□No				18
Div	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune		4 HomicIde determined	building, etc. (S)	oecify)	m, street, factory, office		City or Tov			
	To the Hosp within 24 ho To the Fune completely fi	edical	one) 2 Medical Exam	rsician: To the best of my iner: On the besis of exa- and manner steted.	knowledge, mination end	death occurred at the t Vor Investigetion, in my	ime, dete end place, opinion, deeth occur	end due to the red et the time,	ceuse(s) and me date end plece, (enner es st end due to	ated. the cause(s)
	To To Con	Σ	29b. Signeture end title of certitier			29c. Licer	35 88 F		29d. Dete signed	(Month, 1	Day, Year)
_			30. Name and address of person who of 509 Idlewild	Ave	Eas-	Type, Print)) 216	01		1	
	Sta Registr		31. Dete filed (Month, Dey, Year) JUL 1 1	32. Registrar's S		n-Randoll	-				
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State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate	ot .	Death			Reg. No.			
ı	Physici	ian	Decedent's Name (First, Middle,	, Last)			Por	-1.	^		2. Dete of De Month		Yeer	3. Time of Death	
	/Medi			ELIZABI		D.	Воз				July 4 96 9			9:21PM	
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	Funeral			6. Sax 1 □ M 2 1 F	7. Aga (In yrs.	Ven		eys	If Undar 2 Hours	Min,	8. Date of Bi	rth ey Year)	9. Bir	thplece (State or Foreign	
	Director		216-56-2081 Usuei Residence of Decedant	160	11	77, vis.					MAR.	Date of Birth (Month, Dey, Year) MAR. 8,1919 TALBOT 9. Birthplece (State of Country LAN) MARYLAN			
	land w		10a. Stata 10b. County		10c. Cit	y, Town or Lo	cation							10d. Inside City Limits	
	Mary	्र	MARYLAND QUEE	N ANNE	Ç	UEEN	ANNE					1 □ Yas 2 □Xio			
	r 28a	2	1ARYLAND QUEE				10f. Zip Co	da				10g. Citizen	of What C	ountry?	
	3a o	D	730 FOX MEADO	M DOAD			100		2165	7			USA	A	
	deeti	Funeral	11. Marital Status	12. Was Dec	cedant Evar in U,	S. 13. V	Vas Decedent f Yes, specify	of H			cify Yas or N	0- 14.	Rece - Amo	erican indien,	
0	ofter of the		1 Never Married 2 Merrie	Armed F	2 No		r Yes, specify I□ Yas 2🎇			, Puarto I	Rican, etc.)		Black, Whi	ta, atc.	
02	72 hours effer deeth with the Maryland natural', or items 23a or 28s-f show dissi Examinet must be notified at	ρ	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Yaar or I	Dates:	'	ILIYas 2404	No	Specify:			Spe	ecity: V	WHITE	
21215-0020	n 72 hours efter deeth with the Manylar "netural", or items 23a or 28s-f show edical Examinal must be notfied at	Completed	15. Decedent's	s Education)	16e. Deced	lent's Usuel O kind of work d	ccup	ation during most	of worki	na	16b. Kind o	f Businass	/Industry	
121	yene.	idu	Elementery/Secondary (0-12)	College	(1-4or 5+)	life. C	OO NOT use n	etired	d)						
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and	Mentel Hy Mentel Hy arked oth	Be									ne (First, Middle, Maiden Sumerna) DE M. FAVINGER				
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altimore,	o to		1 Burial 2 ☐ Cremetion			emetery, cren	sition (Nema of Pate 20c. Location - City or To Pate 20c. Loca								
Ħ.	it. Portme	4 ☐ Donation 5 ☐ Other (Sp. 21. Signeture of Funeral Servica L		. Neme and A	KDUVI	A, MD									
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			23a. Part 1. Enter the diseesa, or o				0 S.	ΗÆ	ARRIS	ON	ST.,	EASTO	N, MI	21601	
	Oharaiaian		shock, or heart feilure. List o	nly one cause on	eech line.	i. Do not ente	er the mode of	uyıı	ig, such es t	Del GleC O	ir respiretory t	errest,		Approximete Intervel Between Onset end Death	
6	Physician /Medical		Immediate Cause (Final	M	UTE M	VOCA	POIL		INT	7-21	CAPTE		1144	EN COME	
	Examiner		diseese or condition resulting in death)	6.		r es a conseq		_	//		10.0		1/200	07416	
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	certificate be executed ding physician end se es the buriel-transit	Examiner	Sequentially list conditions.	b	Dua to (o	r as a consequ	uence of):							1	
ó,	an el lan el uriel-t	m	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying												
68760,	ate b hysic the b	edicai	Cause (Diseese or Injury thet Initieted evants rasulting In deeth) Last Dua to (or as a consequence of):												
9 X	ing p	Mec													
Bo	death co	lan		- 0.										i	
0	ires that the death or signed by the etten d be deteched for u	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I.									23b. Did tobacco use contribute to the cause of			
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of Vital Records,	signe d be	d by									040 14/04		246	Were autopsy findings	
Ö	v require	ete										en eutopsy ormed?	240.	available prior to completion of cause	
Rec	2 8 8	Completed										/		of deeth?	
a	delan: The certificate h										1 🗆	Yes 20N	0	1 ☐ Yes 2 No	
5	Physician: The I this certificate he ral director, page	Be C	25. Wes case referred to medical exeminer?	Hospitel:	2/		_	Oth	oc		(Check only			/	
		To	1 ☐ Yes 27. Megner of Deeth	28e. Dete		ER/Outpatient 28b. Time of			4 🗆 1901		na 5 Res 28d. Describe			ecify)	
Division	Attending I ar death. ector: After by the funer	ertification:	1 Netural 5 Pending Investiga	(Mor	nth, Dey Year)	Injury	28c.		k? Yes 2 □ N	}					
S	or Attendiation after death. Olrector: A lin by the for	fica	3 Sulcide 6 Could no	ot be	e of Injury - At ho	me, ferm, stre					28f. Location	(Street and N	umber or R	Jural Route Number,	
5	or A after Direct d in by	erti	4 Homicide		ling, etc. (Specify		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					wn, Steta)			
	To the Hospital or Attending Ph within 24 hours after death. To the Fuhreral Director: After th completely filled in by the funeral	aic	29e. Certifier 1 Certifying	Physician: To the	e best of my know	wledge, deeth	occurred et th	e tin	ne, dete end	l pieca, e	and dua to the	cause(s) and	i menner e	s steted.	
	n 24 n 24 ne Fu	edicai	(Check only 2 Medical E	xaminer: On tha b	pasis of examinet oner stated.	ion end/or Inv	estigetion, in r	ny o	pinion, deetl	h occurre	ed at the time,	, date end ple	ca, and du	e to the cause(s)	
	To the To the Com	Σ	29b. Signature and title of certifier	1-11/	1		29c. Lie	ens	a number			29d. Date si	gned/(Mon	th, Dey, Year)	
Kle Dikeke MO							>	352	59		71	490	0		
			30. Neme end address of person w	no completed cau	se of deeth (Item	23e) (Type, I	Print)					-			
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State of Maryland / Department of Health and Mental Hygiene 96

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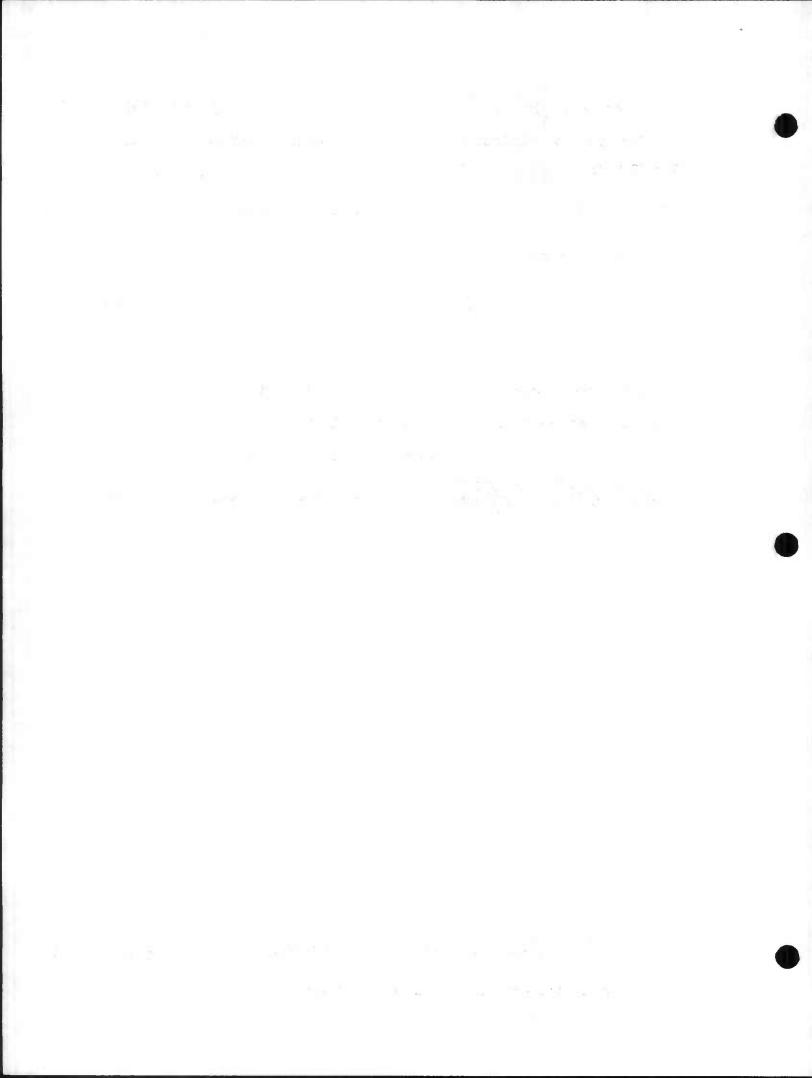
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			1. Decadant's Nama (First, Middla, L.	ast)							2. Data of Da			Wasa	3. Tin	na of Death
	Physic /Medi		MARY ETTA	BRYA	NT						July				11	:15pm
	Exami		4a. Facility Name (If not institution, gi	va street end number)					4b. City, Tov	vn, or L	ocation of Deat	h 4			1	. 13 p.m
			352 Marlboro I	Road					Lothi	an		A	nne	Aru	nde	1
	Funeral Director			Sex 7. As	ga (In yrs. last b	irthdey) Yrs.	If Under 1 Months E	Yaar Days		Min.	8. Date of Bir (Month, Da OCT 9	rth ay, Yea	917			
	D		Usuel Rasidance of Dacedant									,				
	how #		10a. Stata 10b. County		10c. City, Tov	vn or Loc	cation							1	0d. insk	de City Limits
	M a	5	Maryland Anne Ar	undel	Lo	thia	an								10	Yes 2 No
	th th	ire	10e. Street end Number				10f. Zip Co	oda				10g. C	itizan of	What Coun	itry?	
	h wii	<u>a</u>	352 Marlboro R	oad					2071	1			US	A		
	dead	Funeral Directo	11. Marital Status	12. Was Decedent		13. V	Vas Decedan	t of	Hispenic Orig	in? (Sp	ecify Yes or No Rican, etc.)	D-				in,
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "naturet, or items 23a or 28a-f show ship lojuty or other traumatic event, the Medical Examiner must be notified at 2008.	þ	1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ♣ Divorced	Armed Forcas? 1 ☐ Yes 2X☐ If Yas, Giva Yeer or Datas:			☐ Yas 2K			Риепо	Rican, etc.)			y:		
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bu	be filed tal Hygid d other svent, ta	Be	17. Fathar's Name (First, Middla, Las	t)					18. Mothar	's Nam	a (First, Middla	, Maide	on Sumer	ne)		
/a	vid b Menti rked rked	To	Riley Clinton Ir	vin					Rose	Ha	rley Ma	perfume manufacturing Middla, Maiden Sumeme) Martin Number, City or Town, Stata, Zip Code) enton, MO 63383 20c. Location - City or Town, Stata 21				
Maryland	2 should be and Mental is marked o aumatic sve		19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State											Stata, Zip	Code)	
	1 and 2 Health em 27 I		20a. Mathod of Disposition 20b. Placa of Disposition (Nama of Data 20c. Location - City or Town, Str													
ore.	A Paragraph		20a. Mathod of Disposition 20b. Placa of Disposition (Nama of cemetry, cremetory or other place) 20c. Location - City or Town, St cemetry, cremetory or other place) 7 / 0 / 06												wn, Sta	ia
Ē	Pages nent of nt: If Its iry or o		1 ☑ Burial 2 ☐ Cramation 3 ☑ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 1 ☑ Burial 2 ☐ Cramation 3 ☑ Ramoval from Stata Star Hope Cemetery 7/9/96										berr	y, Mi	LSSO	uri
altimore,	permit. Pages 1 and Department of Health Important: If Item 27 any injury or other treatment.		1 ☑ Bunal 2 ☐ Cramation 3 ☑ Ramoval from Stata											Oc. Location - City or Town, Stata 1sberry, Missouri Owings, MD 20736 Approximate Interval Between		
B	Depariment Important		> William &	. Fren				Owing	gs, M	D 20)736					
E.			23a. Pert1. Entar tha diseese, or con shock, or heart feilura. List only	nplications that caused one causa on each li	the daath. Do	not anta	ar the mode o	of dy	ing, such es d	cardlec	or raspiratory a	rrest,			Intarva	i Between
)	Physician /Medical		shock, or heert feilura. List only one causa on each lina. Intarval Between Onset end Deeth Onset end Deeth Issense or condition													
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	cuted	Examiner	Sequantially list conditions, Due to (or as e consequence of):													
0	e exe		Sequantially list conditions, if any, leading to Immadiate causa. Entar Underlying Causa (Disease or injury that initiated events C. Our to (or as a consequence of):													
68760,	that the death certificate be executed ed by the attending physician and detached for use as the burial-transit	edicai	that initiated events rasulting in death) Last	c	Qua to (or es e	consequ	rence of):									
9	ng pl	Med			"Alla		13 A							1		
Вох	attendii for use	and		d	20W/		COL							- 1 i		
	that the death cer ed by the attendir detached for use	Physician	Pert II. Other significant conditions	contributing to death b	ut not resulting	in the un	darlying caus	sa gi	ivan in Part i.		23b. Did	tobaco	co use co	ntribute to	the ca	use of death?
P.0	at the by th	P S	/ HORANA	AA							1)20	Yes	2□ No	3 Prot	bably	4 Unknown
	iras that signed I d be det	by	- recopio	maro												
Records,	requires been sign should be		FOMMULA	FIA	ATTUO						24a. Was	an aut	opsy	24b. Wa	ara a <i>u</i> to	psy findings
ပ္သ	- W 60	Completed	- Lumi	- Ju	any					Maleisannane	pon	oiiiieu :		CO	mplation	of cause
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0	th. Aftar a funer	tio	1 Accident 5 Panding invastigation		y Year)	Injury	м		onk?]Yas 2.∐N	lo						
Division	for Attending after death. Director: After in by the fune	Certification:	3 ☐ Suicida 6 ☐ Could not t	200. Placa of in	ury - At homa, f	erm, stra	at, factory, o	ffice		-				ber or Rura	I Routa	Number,
ā	Direction of the direct	en	4 Homicida	building, et	c. (Specify)						City or To	wn, Sta	ife)			
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral		29a. Certifiar 1 Certifying Pl	nyeician: To the best	of my knowleda	a, daath	occurred et t	ha ti	ima, data and	place.	and dua to tha	causa	(s) and m	enner es si	teted.	
	Me Ho	edicai	(Check only 2 Medical Example)	minar: On the basis of and mannar s	i axaminetion a	nd/or inv	astigation, in	my	opinion, daatl	n occur	red at tha tima,	data a	nd place,	and dua to	tha cau	ise(s)
	To the To the To the Comp	ž	29b. Signature and title of dertifier		111		29c. L	icen	se number	1		29d. D	ate signe	d (Month,	Day, Ye	ar)
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						Certificate	of Deatl	h		Reg. No.					
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	Physic /Medi		James Martin	n Brooks					July	05, 19	96	1932			
	Exami		4a. Facility Name (If not institution, gi Calvert Memo		11.0				ederic		of Death Calve	ert			
	Funeral Director		5. Social Security Number 229 32 0882 6.	Sex 7 11⁄2 M 2 □ F	. Age (In yrs. last birt		eys Hours	Min.	8. Date of Bi (Month, D) March	rth Year) 1929	9. Birthp Coun	place (State or Foreign htty) VA			
	Pu ,		Usual Residence of Decedent		1										
	a-f show	ctor	10a. State 10b. County Cally	vert	10c. City, Towr	or Location Che	sapeak	e Bea	ch		1	0d. Inside City Limits 1 ☐ Yes 2 ☐ No			
	or 28	Olre	10e. Street and Number		•	10f. Zlp Co				10g. Citizen of V	Whet Cour	itry?			
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050	72 hours after death with the Maryland "naturel", or frems 23e or 28s-f show edical Exerciter roust be notified at	by Funeral Director	11. Meritel Stefus 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	Armed Ford		13. Was Decedent If Yes, specify 1 Yes 2 7	Cuban, Mexica	an, Puerto	ecify Yes or Ne Rican, etc.)		ck, White,				
Ö	tura tura		15. Decedent's E			Decedent's Usuai O	ccupation			16b. Kind of Bu	usiness/inc	dustry			
21215-0020	within 72 ena. than "na	Completed	(Specify only highest gi Elementary/Secondery (0-12) 1 2		40r 5+)	Decedent's Usuei O (Give kind of work d life. DO NOT use r		ost of worki	ing						
	Hygi ther ther	ŏ	17. Fether's Name (First, Middle, Las	t)	Du	s Supervi		her's Name	(First, Middle	Trans		ation			
Maryland	ld be antai	To Be	Ralph Aaron B	rooks											
ary	shours mer	-	19a. Informant's Name/Relationship		19b.	Meiling Address (S				ory errest, Approximate Interval Between Onset end Deeth					
	alth a 27 ls		Virginia R. Brook	ks/wife		same as 1	0 abov	е							
Baltimore,	permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mantal Hygiena. Important: If Item 27 is marked other than "natural", any holury or other traumatic event, the Medical Exa RDBs.		20a. Method of Disposition 1 XBurial 2 Cremation 3 [4 Donation 5 Other (Special Control of Contro		20b. Placa of competer MD Vet	Disposition (Name of y, crematory or other erans Cem	of place) etery	7-10	Date -96						
alti	permit. Departmine imports sny inju		21. Signature of Funeral Service Liberary 22. Name and Address of Facility												
m	88 5 8														
	Physician /Medical Examiner	ner	snock, or near tailure. List only one cause on each line.												
	cuted	a a	Sequentially list conditions	p. 141-1C	Due to (or as a c							Jean,			
o,	an ar	EX	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury c.												
68760,	eath certificata be executed attanding physician and for use as the bunal-transit	Medical Examiner	Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of):												
9 ×	artifica ing pl	Mec													
Box	ath co	lan		0.							kins City or Town, State, Zip Code) C. Location - City or Town, State heltenham, MD MD 20736 It. Approximate interval Between Conset and Death Conset and Death Linford Jense Grand Jense Grand Jens				
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Sor	v require been si should l	Completed								ormed?	ava	ailable prior to mpletion of cause			
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Vital	Physician: this cartific ral director.	o Be	25. Was case referred to medical examiner?	Hospital:	- V		Other:		(Check only		TT SALDES				
of	Phys rthis aral di	1-	1 ☐ Yes 2 No 27. Menner of Death	1 □ Ing	Injury 28b. T		4 🗆 🗅			how injury occur		v)			
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/isi	Atten r daa octor by tha	lfica	3 ☐ Suicide 6 ☐ Could not I	28e. Pieca o	f Injury - At home, fer g, etc. (Specify)	m, street, factory, of	fice		28f. Location	(Street and Numb	er or Rura	Il Route Number,			
D	Die afte	Sert	4 ☐ Homicide		City or To	wn, State)									
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical (29a. Certifier (Check only one) Cartifying Plants Cartifying	end plece, a	and due to the ed et the time,	ceuse(s) and ma dete and placa,	inner as st and due to	ated. the cause(s)							
	With!r	ž	29b. Signature and title of pertifier	01-		29c. Li	cense number			29d. Defe signe	d (Month,	Day, Year)			
	10+		Gerald P.	5		July	5th	1996							
	IVA		30. Name and address of person who	completed cause	of death (Item 23a) (Type, Print)	<u> </u>			7					
_	VII		Gerald P. S	terner, 1	M.D., Owin	gs, Md. 2	0736								
	Sta		31. Date filed (Month, Day, Year)	32. Reg	gistrar's Signature										
1	Registi	ar	JUL 1 0 1	996 8	- diaudent	ardall									



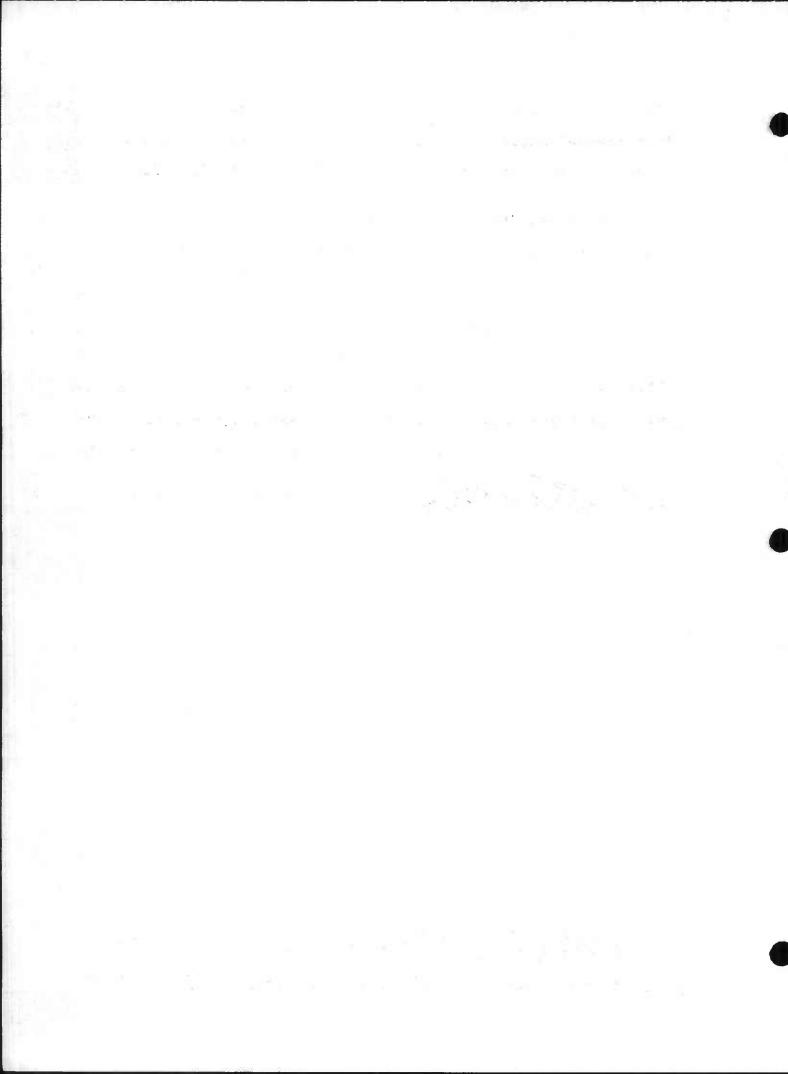
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State of Maryland / Department of Health and Mental Hygiene

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г	Dhysisi		1. Decedent's Neme (First, Middle, Last)							2. Dete of Deet Month	h Day	Year	3. Time of Death		
	Physici /Medi		Edna Estelle B	ast						July 7			1731		
1	Examir		4e. Facility Nama (If not institution, giva :	the state of the s				4	4b. City, Town, or L	ocation of Death	4c. County				
			Anne Arundel M						Annapo1	is	Anne				
	Funeral Director			7. Ag	e (In yrs. Ie 9	est birthday) Yrs.	If Under Months	Days	If Undar 24 Hrs. Hours Min.	8. Date of Birth Month Dey, DeC . 8,	1896	9. Birthplec Country,	a (Stete or Foraign MD		
	yland low		Usuel Residence of Decedent 10a. Stata 10b. County		10c. City	, Town or Loc	ation					10d.	Inside City Limits		
	Man	tor	MD Anne Ar	unde1	Sh	ady S	ide						1 ☐ Yes 2 ☐ No		
	h with the 3a or 28	al Director	10e. Street end Number 1220 Bast Lan	e			10f. Zip 20	Code 764			JSA	Vhet Country	7		
020	should be filed within 72 hours aftar death with the Maryland of Mental Hygiana. marked other than "naturaf", or items 23s or 23s-f show imatic event, the Medical Examiner must be notified at	by Funeral	11. Meritel Stetus 1 ☐ Never Merried 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	12. Wes Decedent I Armed Forcas? 1 ☐ Yes 2 ☑ N If Yes, Give Yaer or Detes:					lispanic Origin? (Sp an, Maxican, Puerto Specify:	ecify Yes or No- Rican, etc.)		e - American sk, White, etc wh			
Maryland 21215-0020	ithin 72 ho ia. an *natur Medical	Completed	15. Decedent's Educ (Specify only highest grede Elementery/Secondery (0-12)	cation completed) College (1-4or 5	i+)	18a. Decede (Give k life. D	ent's Usue and of work ONOT us	l Occup k dona e retired	ation during most of work d)	ing	16b. Kind of Bu	islness/Indus	try		
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and	S E D >	Be	17. Fathar's Nama (First, Middle, Last)		(TC)				18. Mother's Nem		fe <i>i</i> dan Su <i>mem</i>				
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ē,	一工る芸		20e. Method of Disposition	41145011	20b. Ple	an of Diapos	ition /Alon	10.06		5 I		a: =	0		
or Or	Pages nant of int: If its iry or o		1 Burlal 2 ☐ Cremation 3 ☐ R 4 ☐ Donetion 5 ☐ Othar (Specify)	emovel from Stata	Qua	metary, cram aker	atory or ot Bury	iner pled ing	Grds.7	-12-96	Gale	svill	e, MD		
Baltimore,	- 독립를		21. Signature of Funerel Sarvice License	ef.	0				ss of Facility						
ñ	Depa Impo		MM	116	4				Funeral	Home.	Owing	s. MD	20736		
	0	234. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feiture. List only one cause on each line.													
V.	Physician		shock, or heert feilure. List only on	e cause on each lin	10.							in	tervei Between nset end Deeth		
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68/60,	be ex	aiE	Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Couse (Disease or injury that initieted events												
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			KUXIan	luna	wil	uc	> 1	0	5/92		7/8/	96			
1	10		30 Name and address of person who con	mpleted cause of de	eath (Item :	1100	- 1	4	1	1	0-	1 11	1		
	V		K.L. Hochman	MD 1	833	Hrom	est	Dr.	Hunapa	2/15,6	40.2	140)		

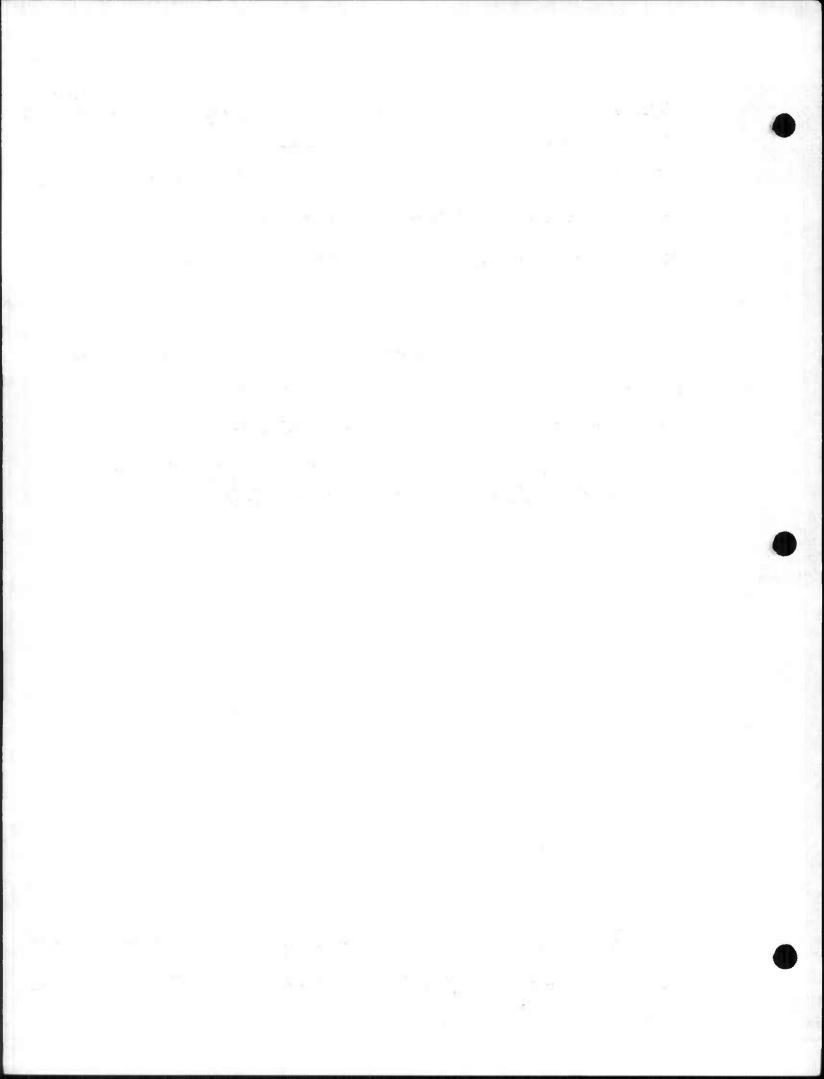
JUL 1 0 1996 J. Davidson Randall



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					Ce	rtifica	te of	Death		Reg. No.			_1040		
Physic /Medi		1. Decedent's Neme (First, Middle, Li			BI	irch			2. Dete of D Month U V	Dey	0 /9	, 14	3. Time of Deeth 8-14 pm		
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Funeral Director		477-22-3567	Sex 7. A 1 □ M 2 □ F	ge (In yrs. 96	lest birthday) Yrs.	if Und Months	or 1 Year Deys		s. 8. Dete of B	irth	8	9. Birthple	ce (State or Foreign y) delphia,		
and		Usuel Residence of Decedent 10e. Stete 10b. County		10c. Ci	ty, Town or Lo	ocation						100	PA d. inside City Limits		
Many H ah	to	MD Montgo	mery	Ве	thesda										
or 28s	lrec	10e. Street end Number				10f. Z	ip Code			10g. Citiz	zen of Wh	et Countr	y?		
23a u	ai	8224 Hamilton Sp	ring Court				2081	7		U.S	.A.				
ges 1 and 2 should be filed within 72 hours after death with the Maryland it of Health and Mental Hygiene. If flam 27 is marked other than "natural", or items 23a or 28e-f show or other traumatic event, the Medical Examiner must be notified at	by Funeral Director	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces' 1 Yes 20 If Yes, Give Yeer or Detes:	?				dispenic Origin? (an, Mexican, Pue Specify:	(Specify Yes or N erto Rican, etc.)		Bleck,	White, et	c.		
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should be nd Menta marked umatic ev	To B	Unknown						Lilia	n Wright						
d 2 should be file th and Mental Hy ?? is marked other traumatic event		19e. Informent's Neme/Reletionship	Type, Print)		19b. Meill	ing Addres	s (Street				Town, St	ete, Zip C	Code)		
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pemit. Pages 1 ar Department of Hee important: if itam: any injury or othe		20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci	(y)	1		metory or coln	other pie Ceme	etery	7/9/96	Bren	ntwoo	d, M	D		
Departiment important in portant		21. Signature of Fuperal Service Lice	s So	Sons, Inc.											
Physician /Medical Examiner).	23a. Perf. Enter the disease, or com shock, or heart feilure. List only immediate Cause (Final disease or condition resulting in deeth)	e.	Ne	Cr as a consec	nic	7	ng, such es cardi	ac or respiretory	errest,		1 1	ntervel Between		
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requires that the death certific reem signed by the attending p hould be datached for use as:	Physician/Medical	Pert II. Other significant conditions of	d	out not res	sulting In the u	ınderlying	cause giv	ven in Pert I.	23b. Did	I tobacco s	use contr	ibute to t	he cause of death?		
es that the	by Phy								1	Yes 2	□No 3	Whet Country? ce - American Indien, lok, White, etc. by: White susiness/Industry facturing me) d. Stete, Zip Code) MD 20817 - City or Town, Stete cod, MD Sons, Inc. Approximate Intervel Between Cheet and Deeth H Lays and The Completion of cause of deeth? 1 Yes 2 No her (Specify) med ber or Rural Route Number, enner as steted. and due to the cause(s) and (Month, Day, Year) LY 05, 1976			
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ysician: The is certificata director, pag	Be c	25. Wes case referred to medical examiner?	Hospitel:				Ott	ner:	eeth (Check only						
5 000	. To	1 Marinpatient 2 ER/Outpetient 3 DOA 4						4 Li Nursing	Home 5 ☐ Res 28d. Describe						
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To th withir To th comp	Me	29b. Signeture apositile of certifier	on S	>		29		e number							
10		30. Neme end address of person who	completed cause of cause of cause o	deeth (Iter	m 23e) (Type.	Print)	5700	V OR-	Ruck						
Sta	te	31. Dete filed (Month, Dey, Year)	32. Registr												



State of Maryland / Department of Health and Mental Hygiene 96 21847

						Cen	tificate o	f Death	7		Reg. No.	50	410	4/			
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	Funeral				ge (In yrs. last bi	rthday)	If Under 1 Yes	er II Unde	nards 24 Hrs.	8. Dete of B	irth some	9 Birtho		Foreign			
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	rland iow		10e. Stete 10b. County		10c. City, Tow	m or Loc	ation					10	0d. Inside City	y Limits			
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	the not	Director	10e. Street end Number				10f. Zip Code				10a Citizen of	What Coun	itry?				
	with with	ā	3200 Holly Ridge	Court			25233						uyı				
	sath 23	era		12. Wes Decedent	Eurar la III C	12 14		I Historia O	deleg (Ca	noife Van an N			on Indian				
	Her	Funerai	11. Meritei Status 1 ☐ Never Merried 2 ☐ Married	Armed Forces	?	IS. W	las Decedent of Yes, specify Cu	iben, Mexica	n, Puerto	Rican, etc.)							
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Maryland	C/ 00 12 00		19e. informent's Name/Relationship										Code)				
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Baltimore,	permit. Pages Department of Important: If it any injury or once.		21. Signature of Funeral Service Lice	1090/					ity.Tose	eph Gar	wler's S	ions.	Inc.				
m	20 = 20		1 puf/1	-	1000				5130	Wisco	onsin Av	enue,	N.W.				
	- 33/		23a. Pert1. Enter the disease, or con shock, or heert feiture. List only	plicetions that cause	d the deeth. Do	not enter	r the mode of d	ying, such as	cerdiec o	or respiretory	errest,	20016	Approximete				
я	Physician		snock, or neert leiture. List only	one ceuse on eech i	ING.								Onset and Do				
	/Medical	8	Immediete Cause (Finel	METHYC	ILIN RES	157m	7 STAPI	0.1	(3m 14 . m	. 11.0		g. Citizen of Whet Country? U. S. A. 14. Race - American Indien, Bleck, White, etc. Specify: White 6b. Kind of Bueiness/Industry Own Home aiden Sumame) ford City or Town, State, Zip Code) 33176 Oc. Location - City or Town, Stete irginia Beach, VA er's Sons, Inc. sin Avenue, N. W. D. C. 20016 3 welch interval Betwonset and D 3 welch a 2 No 3 Probably 4 U eutopsy ed? 24b. Were eutopsy fir aveilable prior to completion of ca of death? a 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 No 1 Yes 2 No 1 No 1 No 1 No 1 No 1 No 1 No 1 No		^			
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	oted J Insit	Ē		b. ELECTR			mones										
-	ertificate be executed ling physician and se es the bunal-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	0.00	Due to (or es e						1						
260	Sicial burn	Sall	Cause (Diseese or Injury thet initieted events	c. COR	Puino							Jey Yeer 3 1996 9:19 4c. Country of Deeth St. Mary's Year)1950 9. Birthplece (State of Country) 29 North Caro 10d. Inside Country?					
68760,	phy s the	Medical	resulting in deeth) Lest	0 - 0	Due to (or es e	consequ	ence of):					1	0				
×	certifi ding	S		d. COPI)								Mps				
Вох	ires thet the death c signed by the attend d be detached for us	Physician/								1							
P.O.	he d	iysi	Pert II. Other algnificant conditions	contributing to deeth b	out not resulting i	n the und	derlying cause (given in Pert	I.		,		the cause of	death?			
۵.	The law requires thet the death ate hes been signed by the atter page 2 should be detached for t	F	a, ANTITRYPS	in before	ency					102	Yes 2 No	3 Prob	iably 4 □ U	Inknown			
ds	sign and b	d by								04-144-		245 Wa	no outonou fia	a dia a a			
Ö	v require been si should	ete	OSTEOPOROSI:	S							formed?	ave	ellable prior to				
ec	e law hes t	id.										of d	leath?				
=		Completed								10	Yes 2 No	1□]Yes 2□N	No			
<u> </u>	iclan: The certificate rector, pag	Be	25. Wes cese referred to medical exeminer?					26. Plec	e of Deeth	(Check only	one)						
2	Physic this ce at dire	ျှ	1 ☐ Yes 2 ☑ No	Hospitel: 1 Anpatie	ent 2 ER/O	utpatient	3 DOA	Other: 4 N	ursing Ho	me 5 Res	sidence 6 🗆 Ot	her (Specify	1)				
Division of Vital Records,	Attending Physician: It death. It death. It death this certific by the funeral director,		27. Menner of Deeth	28e. Dete of Inju (Month, De		Time of Injury	28c. Inj	jury et	. :	28d. Describe	how injury occu	пед					
0	ndin ath. r: Aff	atic	1 ☑Neturel 5 ☐ Pending 2 ☐ Accident Investigation		, , , , , ,	iiijui y		Yes 2	No								
Vis	Atte or de octo by tr	Certification:	3 Suicide 6 Could not to 4 Homicide determined	286. Piece of in	ury - At home, la	arm, stree	et, fectory, offic	е	:	28f. Location	(Street and Num	ber or Rure	Route Numb	er,			
Ö	of effect of in the control of the c	en	4 Li Homicide	building, et	c. (Specify)					City or To	own, State)						
	To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: After this certific completely filled in by the funeral director.		29e. Certifier 12 Certifying Pl	nysician: To the best	of my knowledge	e, deeth o	occurred et the	time, dete e	nd piece,	and due to the	e cause(s) and m	ienner as st	eted.				
	• Ho • Fu • Fu	edical	(Check only 2 Madicat Examone)	miner: On the basis o end menner st	f examinetion en	d/or inve	stigetion, in my	opinion, de	eth occurr	ed et the time	, dete end place	, end due to	the ceuse(s)				
	ro th comp	X	29b. Signeture end title of certifier	M			29c. Lice	nse number			29d. Date sign	ed (Month, I	Day, Year)				
				(Ihmi.	no		7	3453	7		7. 3	3. 96.					
	7		30. Name and address of person who completed cause of death (Item 23e) (Type, Print)														
	0		DR. KHALID		LEONARD		·	0650									
	Sta	to	31. Dete filed (Month, Day, Year)	32. Registr	er's Signeture			0000									
	Sta Registr		JUL 0 8 1996	July Do	widson 18	nd on											
			1000	1													

3 ST 111 P

			ri =				tificate (lealth and I Death		Reg. No.					
7	Physici	ian	Decedent's Neme (First, Middle, Dhazel 1 d.c.)		D	_				2. Dete of D Month	Dev	Yeer		me of Deeth		
Ę	/Medi	cal	Phyllis	Grinel	Brown			-			7 4,1996		3	:55 A.I		
<i>}</i>	Examir	ner	4e. Fecility Neme (If not institution,						Ib. City, Town, or l			y of Deeth				
_			Rockville Nursi		o de con l	14 5 24 4 - 1	If Under 1 Y		Rockvill If Under 24 Hrs.			tgome				
L	Funeral Director	P	577-60-5899	. Sex 7. Ag 1 □ M 2/√2 F	92	last birthdey) Yrs.		eys	Hours Min.	8. Dete of B (Month, D Sept. 5	1903	9. Birthpl Coun Rhod	e I	tete or Foreig		
	and and		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City	y, Town or Loc	ation					16	Od. Ins	ide City Limits		
	Marylan f show	ō	Maryland Montg	3m 0 2011		vy Chas						"		Yes 2 No		
	28ª	Funeral Director	Maryland Montgo	omery	Cire	vy Chas	10f. Zip Co	de			10g. Citizen of	What Coun	11			
	N N	ā	4743 Bradley Bl	7d				208	115		U.S		illy i			
	m 23	era	11. Maritel Stetus	12. Wes Decedent	Ever in U	S 13 W				pacify Vac or N		ca - America	an fodi	90		
	Her d	F	1 Never Merried 2 Merried	Armed Forcas?		lf lf	Yes, specify	Cube	ispanic Origin? (Sp en, Mexican, Puerto	Rican, etc.)	Ble	ck, White,		011,		
1	ors a	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Detes:		1	☐ Yes 2€	No	Specify:		Specia	y: wh	ite			
200-01717	De lied within 72 hours after death with the Maryland Hygiene. A Hygiene. A dother than "natural", or items 23s or 28s-f show event, the Madical Examiner must be northed a	pe	15. Decedent's	Education	- I	16a. Decede	ent's Usual O	ccup	etion		16b. Kind of E					
	Mad	Completed	(Specify only highest (Secondary (0-12)			(Give k	rind of work do O NOT use re	one d	during most of world)	king			,			
	Hygiene. Hygiene. Cher than ent, the Me	mo:	12	College (1-4or !	0+)	Comme	rce De	epa	rtment		U.S.	Gove	rnme	ent		
	othe A	BeC	17. Father's Neme (First, Middle, La	st)				Ī	18. Mother's Nam	ne (First, Middle	e, Meiden Sume	me)				
	Aenta Aenta rked rked	ToE	Pardon G. Gra	y					Elizabe	th Grin	nel					
	Department of Health and Mental Hygies Important: If Item 27 is marked other t any injury or other traumatic event, in ODGs.		19a. Informent's Neme/Reletionship	(Type, Print)		19b. Malling	Address (St	treet	and Number or Ru	ral Route Numi	ber, City or Town	, State, Zip	Code)			
,			Laurence C. Brow	m/Husband		4743 E	Bradley	B	lvd., Ch	evy Cha	ise, Md.	2081.	5			
			20e. Method of Disposition		20b. PI	lece of Dispos emetery, crem	ition (Neme o	of r piec	a)	Dete	20c. Location	- City or To	wn, Ste	ete		
	rages nent of l int: If its iry or o		1 Burial 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Spe			dar Hil				Ly6,96	Suit1	and. I	Md.			
	permit. Pag Department Important: I any injury o		21. Signeture of Funeral Servica Lic	**	000		Name end A				Darter	arra, .				
	Departr Departr imports any inju		12 9B	1010					ral Home			Suitland, Md. Sh., DC 20007 Approximate intervel Bel				
	-		2222 Wisconsin Ave., N.W., Wash., DC 20007 232 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interior, or heart feliure. List only one cause on each line. Applications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interior.													
	Physician /Medical Examiner		Immediate Cause (Final disease or condition			Demen		oy	g, suon os curaco	or respiretory						
	055	-e-	resulting in deeth)	θ.	Due to (or	r es e consequ	ience of);							11.5		
	te be executed ysician and he burlai-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	b	Due to (or	r es e consequ	enca of):									
, , , ,	physicia s the bur	icai	Cause (Disease or Injury that initiated events resulting in deeth) Lest	c	Due to (or as e consequence of):											
	ceam cermicate attending physical for use as the	Physician/Med		d												
	the a	sic	Pert II. Other significant conditions	contributing to death b	ut not resu	ulting in the un	derlying cause	e give	en in Pert I.	23b. Dic	I tobacco use co	ontribute to	the ca	use of death		
	2 2 2	Phy	dysphagia							1	Yes ZO No	3 Prob	oably	4 Unknow		
	Pe de de de de de de de de de de de de de	by	чузрпавта									1				
	been signed be should be dete	Completed								24a, We per	s en eutopsy formed?	evs	allable p	opsy findings orior to n of cause		
	2 s	npi										of c	deeth?	ii oi cause		
F	page	5								10	Yes 🛂 No	1□	Yes	2□ No		
1	this certificate	Be	25. Was case referred to medical examiner?						26. Place of Dee	th (Check only	one)					
	0 0	2	1 Yes 2 No	Hospitel:	ent 2 🗆 E	ER/Outpatient	3□ DOA	Othe	er: 4 A Nursing H	ome 5 Res	idenca 6 🗆 Oti	ner (Specify	1)			
		:io	27. Menner of Death 1 □Naturel 5 □ Pending	28a. Dete of Inju (Month, Da	ry y Year)	28b. Time of Injury	28c. 1	Injury Work	/ at k?	28d. Describe	how injury occu	rred				
-	or death. Sctor: After the by the funeral	ati	2 ☐ Accident Investigat						Yes 2 □ No							
	after deat Director: d in by the	Certification:	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determine	et, fectory, off	fice			(Street and Num. own, Stete)	ber or Aura	l Route	Number,					
100	within 24 hours after d To the Funeral Direct completely filled in by	edicai C	29a. Certifier (Check only one) 1 ☑ Certifying I 2 ☐ Medical Ex	Physician: To the best of aminer: On the basis of end menner ste	exemineti	wledge, deeth	occurred at the	ne tim	ne, dete end place, plnion, deeth occur	, end due to the red et the time	ceuse(s) end m , dete end pleca,	enner es st	eted.	use(s)		
4	within 2 To the comple	M	29b. Signeture end title of certifier	3/10 monitor 5(6			29c. Lic	cense	e number		29d. Date signe	ed (Month. I	Dav. Y	ear)		
,	- ≯ <u>⊢</u> ర		· aluin S.	Madar	ary	nw	1		39166		July 3					
	10		30. Neme end address of person wh	o completed cause of d	eath (Lom	23e) (Type, P					9					
	6		30. Neme end address of person wh Alvin Madarang,								9					

Registrar

State gistrar 31. Dete filed (Month, Day, Year)

JUL 0 9 1996 32 Registrer's Signeture

1000 And the second s

ITEMS: 23 PART I, 27,28a-f, PER MEO FILM G-737 7/26/96 t.t Certificate of Death

State of Maryland / Department of Health and Mental Hygiene

Physician	
/Medical	
Examiner	

1. Decedent's Neme (First, Middle, Lest)

2. Dete of Deeth

3. Time of Deeth

Funeral Director

the Maryland

permit. Pagas 1 and 2 should be filed within 72 hours after death with the Manylan Department of Haalth and Mantal Hygiane.
Important: If item 27 is marked other than "natural", or itema 23a or 28a-f show any highry or other traumatic event, the Madical Examinat must be notified at once.

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

been signed by the attending physician and should be detached for use as the burial-transit To the Hospital or Attanding Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buntal-transit Physician/Medical Medical Certification: To Be Completed by

Division of Vital Records, P.O. Box 68760,

TRACY		L.			BROWN					JULY	Ó	3 19	996	1:23 AM
4a. Fecility Neme HOLY										Location of Dee			of Deeth	
5. Sociel Security 220-94	-4919	6. Sex	M 2∏ F	7. Aga (In yrs. 31.	last birthday Yrs.	/) If Undo	er 1 Yeer s Deys		24 Hrs. Min.	(Month, D	irth ley, Yea	965	9. Birthp Coun MAR	olece (Stete or Foreign http:) YLAND
Usual Residence	of Decedant 10b. Count	v		10c. Cit	ty, Town or L	ocation							1	Od Inside City I inite
MD.	MONT	rgome:	RV			LVER	CDDT	NC					'	0d. Inside City Limits 1 ☑ Yas 2 ☐ No
10e. Street end N		LO OL·MA	FAT		עבט		ip Coda	NG			10a. C	itizen of \	Whet Coun	
171	O JANT	JARY I	DR.					20904					S.A.	,
11. Maritel Stetus	0 01210		. Wes Dec	edent Ever in U	,S. 13.	Was Dec			gin? (S	pecify Yes or N o Ricen, etc.)	0-	14. Rac	e - Americ	
1 ☐ Never Mai 3 ☐ Widowed	Stant.		Armed For 1 Yes If Yes, Given Yeer or D	2 💢 No /8		1 Yes, sp				o Ricen, etc.)		Specify	ck, White,	etc. WHITE
(Sne	15. Deceder	nt's Educa	tion		16e. Dece	edent's Us	uel Occu	pation	t of wor	deina	16b.	Kind of B	usiness/inc	
Elementery/Sec			Collaga (1	-4or 5+)	life.	DO NOT	use retire	during mos ed)	t or wor	King				
12						HOM	EMAK	ER				AT	HOME	
17. Fether's Neme	(First, Middle	, Lest)						18. Mothe	er's Nan	ne (First, Middle	e, Maide	n Sumen	ne)	
	OBERT		BECK							ILEN		EMOR:		
19e. Informent's N	Name/Reletion	ship (Type	, Print)		19b. Mail	ling Addres	ss (Stree	t and Numbe	er or Ru	ral Route Numi	ber, City	or Town,	Stete, Zip	Code)
RANDY		ROWN	SR.	T001- F	344			PARK I	EAST				PENNE	
	Cremetion		novel from		Plece of Disp cemetery, cre			ace)	i	Dete	20c.	Locetion -	City or To	wn, Stete
4 ☐ Donetion 21. Signature of F	"5 □ Othar (5			CH	AMBERS	-				7/6		RIVE	RDALE	, MD.
Day of P		an	leu	Do				ess of Fecilit		RIVER	TA CIS	E MI	20	737
23e. Pert1. Enter shock, or ha immedieta Ceuse disease or conditionaulting in deeth)	(Finel	t only one	ceusa on a	ach ilne.			,							Approximate Interval Between Onset and Deeth
		b. –		Due to (c	or es e conse	equence of):							
Sequentially list co if eny, laading to in ceuse. Entar Und	mmediate eriving			Due to (o	r es e conse	quence of)):							
Cause (Diseese o thet Initieted evant resulting in death)	S	C		Due to (or	r as e conse	quence of)	:							
		d												
Part ii. Other signi	ficant condition	ons contrit	outing to de	ath but not resi	ulting In the u	underlying	ceuse gi	ven in Part I.				_	ntribute to	the cause of death?
										24e. Wes	en eut ormed?	opsy	eve	ere eutopsy findings sileble prior to apletion of ceuse deeth?
										1/K	Yes :	2□No	ye	Yes 2□ No
25. Wes case refe exeminer?			pitei:				011		of Dea	th (Check only	one)			
1 XYes 2			28e. Date o		ER/Outpetie 28b. Time o		UA		rsing He	ome 5 Res)
1 Neturel 2 Accident	5 Pendir	ng Igation	(Mont	h, Dey Year)	Injury	M	28c. Inju Wo 1 □	rk? Yas 2XXI	No	UNKNOWN	now inj	ury occuri	rea	
3 ☐ Suicide 4 ☐ Homicida	6XX Could determ	nined	buildin	of Injury - At hogg, etc. (Specify	1)	reet, factor	ry, office			28f. Location (City or To APT. #20	Street e wn, Sta 1 SI	nd Numb (a) 1710 VER S	er or Rural JANUA PRING,	RY DRIVE MD
29a. Cartifier (Check only one)	1 Certifyin	ng Physici Examiner	an: To tha : On the be end menn	sis of examinet	wladga, deet ion end/or in	h occurrad vestigation	d et tha tin n, in my c	ma, data and opinion, deet	d plece, h occur	and dua to the rad at the time,	ceuse(s) and ma nd place, i	nner es ste and dua to	eted. the cause(s)
29b. Signature and	title of certifie	or /	0.			29	c. Licens	se nu <i>m</i> ber			29d. D	ate signed	d (Month, E	Dey, Yeer)
Na	m	« (/	Chi	VE M			0.0	C.M.E			JU	LY O	3,19	96
		20		W	-							_		_

hude to 111 Penn Street, Baltimore, Maryland 21201

State Registrar

JUL 0 9 1996

Donnis

31. Dete filed (Month, Day, Year)



30. Name end eddress of person what complated ceuse of death (Item 23a) (Type, Print)

grand and the first term of th A 194 and the second of the second o

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Yaar JULY BAQUE 1996 10:00 PM 4c. County of Death 4a. Facility Name (if not institution, give street and number) 4b. City, Town, or Location of Death HOLY CROSS HOSPITAL SILVER SPRING MONTGOMERY 7. Age (In yrs. last birthday) If Undar 1 Year If Under 24 Hrs. 6. Sex 8. Date of Birth (Month, Day, Year) 9. Birthplace (Stata or Foraign Country) Months Days Hours 10(M 20 F Yrs. 82 10b. County 10c. City. Town or Location 10d. Inside City Limits 1X Yas 2 No MONTGOMERY KENSINGTON 10f. Zip Code 10g. Citizen of What Country? McCOMAS AVE. 20895 ECUADOR 12. Was Decedent Ever in U,S. Armed Forces?

1 ☐ Yes ≥ ☑ No If Yes, Giva ** Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-It Yes, specify Cuban, Maxican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 🖾 Married 1 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced **ECUADOR** WHITTE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedeni's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOUSE KEEPER 17. Father's Nama (First, Middle, Last) 18. Mother's Nama (First, Middla, Maidan Sumama) SEGUNDO BAQUE SENOVIA CHOEZ 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) BAQUE 13123 DAIRY MAID DR., GERMANTOWN, MD. 20874 20b. Place of Disposition (Name of cametery, cramatory or other placa) 20c. Location - City or Town, Stale Date 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) GATE OF HEAVEN CEMETERY SILVER SPRING, MD. 21. Signature of Funeral Sarvice Licentine 22. Name and Address of Facility MOOO91 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. Approximate interval Between Onsat and Death ASPIRATION INFOMONIA 2 40/05 Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? MALNUTRITION 1 Yes 2 No 3 Probably 4 Unknown 70 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was en autopsy performed? GANGRENT, TOES. 1 Yes 20 No 1□Ves 2□No 26. Placa of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA

Physician /Medicai Examiner

physician and s the burial-transit

signed by

certificate

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; so

Physician/Medical

à

Completed

Be

Certification: To

Medical

The law requires that the death certificata be axecuted

P.O. Box 68760.

Records,

Division of Vital

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at

marked other

pernit. Pagas 1 and 2 should be file Department of Haalth and Mental Hy important: If Item 27 is marked oth any Injury or other traumatic event

Director

Funeral

à

Completed

Be

tha Maryland

death

72 hours aftar

altimore, Maryland 21215-0020

Sequentially list conditions, if any, leading to immediate ceusa. Enter Underlying Cause (Disease or Injury that Initiated evants rasulting in death) Last

immediate Cause (Final disease or condition resulting in death)

LUIS

5. Social Security Number

579-64-2693

10a. State

MD.

11. Maritai Status

10e. Street and Number

3000

EFRAIN

20a. Method of Disposition

Usuai Residanca of Deceden

	reterred to medical
axaminar?	
1 Yes	2 No

28a, Date of injury (Month, Day Year)

28b. Tima of

28c. Injury at Work? 1 ☐ Yas 2 ☐ No 28d. Describe how injury occurred

6 Could not be Place of injury - At homa, farm, street, factory, offica building, etc. (Specify) 4 Homicide

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

29e. Certifier (Check only

27. Manner of Death

1 Natural

2 Accident

3 ☐ Sulcida

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner es steted.
2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29b. Signature and title of certifier seebeen

5 Pending investigation

009874

29d. Date signed (Month, Day, Year)

30. Name and eddress of person who completed cause ot deeth (Item 23e) (Type, Print)

ROSENBAUM BARRY 31. Date tiled (Month, Day, Year)

3720 FARRAGOT AVE. KENSINGTON, M.D. Signature 20895

State Registrar



Familia 850 with all AND THE PARTY OF T

						Cer	tificate of	Death		Reg. N	lo.					
	Di		1. Decedent's Name (First, Middle, Li	est)					2. Date of	Death	TY:	3. Time of Death				
	Physic /Medi		Florence 6	Borland					July	9, 1	.996 Yeer	9:50 AM				
	Exami		4e. Facility Name (If not institution, gh					4b. City, Tov	vn, or Location of De	eth 4	c. County of Deal	h				
			Larkin Chase Nurs	sing and Re	storati	Lve	Center	Bowie		P	rince Ge	eorge's				
	Funeral Director			Sex 7. Age 1	(In yrs. last bii 91	rthday) Yrs.	Months Days		Min. 8. Dete of (Month, Mar.	Birth Day, Year 15, 1	9. Bird 1905 Peni	hplace (Stete or Foreign buntry) ISYIVania				
	Mon H		10a. State 10b. County		10c. City, Tow	m or Loc	cation					10d. Inside City Limits				
	the Men 28a-f sh nothing	Director	Maryland Prince G	eorge's	Seabro	ok	10f. Zlp Code			10g. C	itizen of What Co	1 ☐ Yes 2½ No				
	eath with 16 23a or must be	Funeral DI	9607 Good Luck R	oad	ver in II S	13 W	20706	Hienania Oria	in? (Specify Yes or	Uni	ited Stat	tes				
Maryland 21215-0020	d within 72 hours effer death with the Meryland plane. Than "natural", or flems 23a or 28a-f show the Medical Examiner must be notified at	þ	1 Never Married 2 Merried 3 Widowed 4 Divorced	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:		If	Yes, specify Cul	ban, Mexican,	Puerto Rican, etc.)		Black, Whit					
5-0	72 h	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a	Decede	ent's Usuel Occu	pation during most	of working	16b.	Kind of Business	Industry				
121	within lene. Then	ldm	Elementary/Secondary (0-12)	College (1-4or 5+) 50		rind of work done O NOT use retin	ed)		-	D T C					
d 2	77 70 10 10		17. Father's Name (First, Middle, Last	1)	36	cret	car. y	19 Mothor	's Name (First, Mide		D.I.C.					
lan		To Be	Charles Durner	,					Schufly	ile, ivialce	in Sumente)					
any	2 should be n end Mente is marked raumatic ev		19a. Informant's Name/Relationship	Type, Print)	19b	. Mailing	g Address (Stree	t and Numbe	r or Rural Route Nur	n <i>ber, City</i>	or Town, Stete, 2	Zip Code)				
Σ,	and 2 salth e n 27 ls		Albert S. Borland	, Jr.					, Seabroo	k, M	aryland	20706				
Baltimore,	permit. Peges 1 and 2 Depertment of Health e Important: If fem 27 is any injury or other tra once.		20a. Method of Disposition 1 ☐ Burial 2X Cremetion 3 ☐				etory or other pl		7 10 00		Location - City or					
İ	nit. Pertme		4 □ Donetion 5 □ Other (Special Lice		Chesap	7	e Cremat			ReT	tsville,	Maryland				
Ba	Deperiment of the period of th		1 Cention	luton		Ra	pp Fune:	ral Sei	rvices, P.		ng, Maryl	land 20910				
			933 Gist Avenue, Silver Spring, Mary labeled the deeth. Do not enter the mode of dylng, such as cardlec or respiratory errest, shock, or heart failure. List only one cause on each line.													
	Physician /Medical		Immediate Ceuse (Finel	Dossinot	omi Cod		_					Onset end Death 1 hour				
	Examiner		disease or condition resulting in deeth)	Respirat								1 11001				
_	D E	ner		Aspirati	on Pnet											
o,	seth certificate be executed attending physician and for use as the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	Senility	ue to (or as a	consequ	ience of):									
68760,	tificate b ng physic as the b	Medical	Ceuse (Disease or Injury that initiated events resulting in death) Lest	C	ue to (or es e											
Box	th ce tendir			d. Congesti	VC NCUI		411010									
0	the deeth y the atter	Physician/	Part II. Other eignificant conditions of	contributing to death but	not resulting in	n the un	derlying cause g	iven in Pert I.	23b. D	d tobacc	o usa contribute	to the cause of death?				
0	that ed b dete	by Ph	she was DNR						1	Yes	2□ No 3□ P	robably 4 Unknown				
of Vital Records,	aw requires been so should	Completed b								es en eute rformed?		Were eutopsy findings available prior to completion of cause of deeth?				
œ	0 4 9	МОС							11	☐Yes :	21 No	1 ☐ Yes 2 🖰 No				
ita I	dentificate rector, pag	Be (25. Was case referred to medical examiner?					26. Place	of Deeth (Check on	y one)						
5	Physician: this certific	2	1 ☐ Yes 2 ☒ No	Hospital: 1 Inpatient	2 ER/OL	tpatient	3□ DOA O	her: X Nur	sing Home 5 □ Re	sidence	6 □Other (Spe	city)				
ono	h. After t	tion:	27. Menner of Death 1 ☑ Netural 5 ☐ Pending 2 ☐ Accident investigatio	28a. Dete of Injury (Month, Dey		Time of njury	28c. Inju Wo	ıryat ork?]Yes 2 ☐ N		e how Inj	ury occurred					
Division	or Attending after death. Director: After in by the fune	Certification:	2 Accident investigeto 3 Sulcide 6 Could not b 4 Homicide determined	y - At home, fa (Specify)	ım, stre	et, factory, office		28f. Location	(Street e		ural Route Number,					
	Hospital 24 hours Funeral stely filled	edical C	29a. Certifier 1 Certifying Pt (Check only one) 1 Medical Example 1	yalcian: To the best of niner: On the basis of e and manner stete	xaminetion en	dor Inve	occurred et the t estigation, In my	ime, date and opinion, deati	plece, end due to the control of the time	ne cause(e, date er	s) and manner as nd place, and due	stated. to the cause(s)				
	To the within To the	29b. Signeture and title of certifier 29c. License number								29d. D	ete signed (Mont	h, Day, Year)				
		D-34525						525		July 9, 1996						
	20	30. Name end address of person who completed cause of death (Item 23a) (Type, Print)														
	0		S. J. Rao, M.D.,					O, Bow:	ie, Maryl	and	20716					
	Sta Registr		31. Dete filed (Month, Dey, Yeer) JUL 1 0 1996	Fich Day	s Signeture	dem										

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene 96 2 | 852

						Ce	rtificate	of	Death			Reg. I	No.				
	Dhusia		1. Decedent's Neme (First, Middle, L	ast)							2. Dete of D		Dev	Year	3. Tir	ne of Deeth	
	Physic /Medi		DOROTHY M	AXINE	Bl	RUST	_				JULY	1,	1996	Tear	8:	10 pm	
	Exami		4e. Fecility Neme (if not institution, ga	ve street end nur	n <i>ber)</i>				4b. City, Tox	wn, or Lo	cation of Dea	th	c. County	of Deeth			
			202 Perrywinkle	Lane					GAITH	ERSB	URG		MONTO	OMERY	7		
	Funeral Director			Sex 1□M 2茲F	7. Age (In yrs. lest 70	birthdey) Yrs.	If Under 1 Months	Yeer Days		24 Hrs. Min.	8. Dete of Bi (Month, D 7/16/	irth ey, Yea 192	n <i>r</i>)	9. Birthpl Count India	ece (Si ny) na	ete or Foreign	
	p .		Usuel Residence of Decedent 10a. Stete 10b. County		40- Oh. T									7			
	Sa-f show	Director	Florida Lee		10c. City, To		yers	_						10		de City Limits Yes 2 No	
	ith the	5	10e. Street end Number				10f. Zip 0	Code				10g. (Citizen of	Whet Count	try?		
	ath v	ā	398 Horizon Driv	Υ				339						Stat			
020	a within 72 hours after death with the Maryland liene. I then "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Married 2 □ Merried 3 ☑ Widowed 4 □ Divorcad	12. Wes Dece Armed Fo 1 Tes If Yes, Giv Yeer or De	ZXINo e		Was Decede If Yes, specif 1 ☐ Yes 2/2	y Cub	an, Mexican	gin? (Spo , Puerto	ecify Yes or N Rican, etc.)	0-		ck, White, e	etc.	n,	
0	2 ho	b B	15. Decadent's E		18	Se. Dece	dent's Usuei	Occu	petlon			16b.	Kind of B	usiness/Ind			
Maryland 21215-0020	within and.	Completed	(Specify only highest given the secondary (0-12)	College (1	-4or 5+)	iife.	kind of work DO NOT use kkeepe	retire	during most ed)	of work	ing		Educa	ition			
p	e filed al Hygis other	Be C	17. Father's Neme (First, Middle, Las	t)					18. Mothe	r's Neme	e (First, Middle	, Meid	en Sumer	ne)			
la	Aenta Aenta rked tic e	ToE	Jay William My	rick					Mar	y V	Viola Smith						
an	and had		19e. Informent's Neme/Reletionship	(Type, Print)	1	9b. Meili	ng Address (Stree	t and Numbe	r or Run	al Route Numi	ber, Cit	y or Town	m, Stete, Zip Code)			
	and and a saith		Patricia Ubik,	Daughter	2	202 1	Perryw	inl	cle La	ne,	Gaithe	hersburg, MD 20878					
Baltimore,	permit. Pagas 1 and 2 should be filed Department of Haath and Martal Hygis Important: If itan 27 is marked other any Injury or other traumatic event, If once.		20a. Method of Disposition Burial X X remetion 3 Remeted from State 20b. Place of Disposition (Name of cametery, remetory or other piece) Metropolitan Crematory 7 21. Signature of Junear Service Victoria 22. Name and Address of Facility 22. Name and Address of Facility 23. Name and Address of Facility 24. Name and Address of Facility 25. Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and Name and N														
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		-	DeVol Funeral Home														
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)		ASTANO Due to (or as		REC						,	6	Onset	Between end Death	
	od ansit	Examiner	Sequentially list conditions						-								
ó	an en rial-tr	Exa	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying		Due to (or es	0 0011300	querios orj.										
68760,	eath certificeta be executed attanding physician end for usa as the burial-transit	Medicai	Ceuse (Diseese or injury thet initiated events resulting in deeth) Last	C	Due to (or es	e consec	quence of):										
Box	th ce randii	an/l		d										1			
	death he attar	sici	Pert II. Other significant conditions	contributing to de	ath but not resulting	in the u	inderlying cau	use gi	ven in Pert I.		23b. Dld	tobac	co úse co	ontribute to	the ca	use of death?	
s, P.O	es that tha death cert igned by the attandin be dateched for usa	by Phy	1 □ Yea										22 No	3 Prob	ably	4 Unknow	
Record	aw requires to should	Completed									24e. Wes	s en eu omed'		eva	ilable p npletior	rior to	
	0 - 0	Con									10	Yes	2 1 No	1 🗆	Yes	2 No	
Vita	ysician: The s cartificate director, pag	Be	25. Wes case referred to medical exeminer?						26. Piece	of Deat	h (Check only	one)					
0	5 00	P	1 ☐ Yes 2 ☒ No	Hospitai:	patient 2 ER/	Outpetier	nt 3 DOA	Oti	her: 4 Nu	rsing Ho	me 5 X Res	idenca	6 □Oth	ner (Specity)		
Division	or Attending Ph efter daath. Director: After thi I in by the funeral	Certification:	27. Menner of Deeth 1 Neturel 5 □ Pending investigation Investigation	in	of Injury h, Dey Year)	. Time o Injury	M 280	c. Inju Wo 1 [ryet ⊮k?]Yes 2 ☐ ñ		28d. Describe	how in	jury occur	rred			
DIVIS	s efter dans of Directe	Certific	3 Suicide 6 Could not be determined 4 Homicide 28e. Pieca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28e. Pieca of Injury - At home, farm, street, factory, office building, etc. (Specify)											Number,			
	To the Hospital or Attending I within 24 hours efter death. To the Funeral Director: After completely filled in by the fune	edical												use(s)			
	with com	M	29b Signature and title of certifier	mdr	iche 1	up	290.1	Licens	se number	3/			2 2 No 3 Probebly 4 Unknown opsy 24b. Were autopsy findings evailable prior to completion of cause of death? 1 Yes 2 No 6 Other (Specify) ury occurred and Number or Rurel Route Number, te)			ar)	
	20	30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)								Ju.	-y J,	1770	-				
	0		Carolyn B. Hendr				,	ent	er Dr	. , #	300 Ro	ckv	ille.	MD	208	50	
	Sta	to	31. Dete filed (Month, Day, Yeer)		gistrar's Signature					, "			,				

DHMH 16 Rev 6/95

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Daaih Month Day Edwin John Beckman 4, 1996 July 12:00 PM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 6706 41st Avenue University Park Pr If Under 1 Yaar | If Under 24 Hrs. | 8. Date of Birth Months Days Hours Min. (Month, Day, Year) Prince Georges 7. Aga (In yrs. last birthday) Days 1☑M 2□F Yrs 578-07-8679 83 Nov. 12, 1912 Indiana Usual Residence of Dacadent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Prince Georges University Park 10f. Zip Code 10g. Citizen of What Country? 6706 41st Avenue 20782 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 Nes 2 No 1944— If Yes, Give 1945 Year or Dales: 1945 1 ☐ Never Married 2 ☐ Married 1 Ves 2√2 No Specify: 3 ☑ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grada complated) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilaga (1-4or 5+) Audio/Visual Specialist Federal Government 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Sumame) Frank Beckman Emma Englehart 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11010 Watkins Road Germantown, Maryland 20876 Rosa Lee Lindsey 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ⊠Burlal 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Gate of Heaven Cemetery 7/9/96 Silver Spring, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., MD 20901 Enter the disease, or complications that ceusad the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest or haart failure. List only one causa on each line. a Ischemic Heart Disease with Prior Myocardial 10 Years Due to (or as a consequence of): Infarction Due to (or as a consequence of):

Physician /Medical Examiner

ipital or Attending Physician: The law requires that the death certificate be executed outsrained death, ever after death, ever after this certificate has been signed by the attending physician and filled in by the furneral director, page 2 should be deteched for use as the bundertransit

Examiner

Department of Health a Important: if Item 27 is any injury or other traisons:

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Be

Funeral

Director

the Maryland

Pages 1 end 2 should be filed within 72 hours after death with the Marylar nent of Health and Mantal Hygiena. sant: If Item 27 is marked other than "natural", or Items 23a or 28a-f show ury or other traumatic event, the Mexical Exteriors must be notified.

Maryland 21215-0020

Baltimore,

Box 68760.

P.O.

Division of Vital Records,

5. Social Sacurity Number

10e. Street and Numbar

12

20a. Method of Disposition

Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying

Immediate Cause (Final diseasa or condition resulting in daath)

Cause (Disease or Injury that initiated evants resulting In death) Last	c. Coronary Art	cery Disease or as a consequance of):						
Part II. Other eignificant conditions of		sulting In the undarlying co	ause given in Part I.	23b. Did tobacco use co 1 ☐ Yes 2 ☐ No	ntribute to the cause of death? 3 ☑ Probably 4 ☐ Unknown			
Diabetes Mellitu	S			24a. Was an autopsy performed?	24b. Were autopsy findings available prior to complation of ceuse of daath?			
				1 ☐ Yes 2 反 No	1 ☐ Yes 2 ☐ No			
25. Was cese referred to medical examinar? 1 ☐ Yes 2 ☒ No	Hospital: 1□ Inpatient 2□	☐ ER/Outpatient 3☐ DO	Other	eath (Check only ona) Home 5⊠ Residence 6 □Oth	ar (Specify)			
27. Manner of Death 1 ⊠ Naturai 5 □ Pending 2 □ Accident investigation	28a. Date of Injury (Month, Day Year)	28b. Tima of Injury M	Bc. Injury at Work? 1 Yes 2 No	28d. Describe how injury occurred				
3 Suicida 6 Could not be 4 Homicide datermined	28e. Place of Injury - At h building, etc. (Speci	nome, farm, street, factory	, office	28f. Location (Street and Numb City or Town, Stata)	per or Rural Routa Number,			
29a. Certifier (Check only one)	ysician: To the best of my knowlner: On the basis of axamino and manner stated.	owledge, death occurred a ation and/or investigation,	at the time, date and place in my opinion, daath occ	ce, and due to the causa(s) and ma curred at tha time, date and piace,	anner as stated. and dua to tha causa(s)			
30h Signature and title of contifier		200	License sumbor	nod Data siene	d (Manth Day Vand)			

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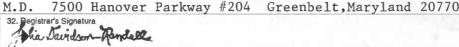
July 5, 1996

To the Hospital c within 24 hours at To the Funeral D completely filled is

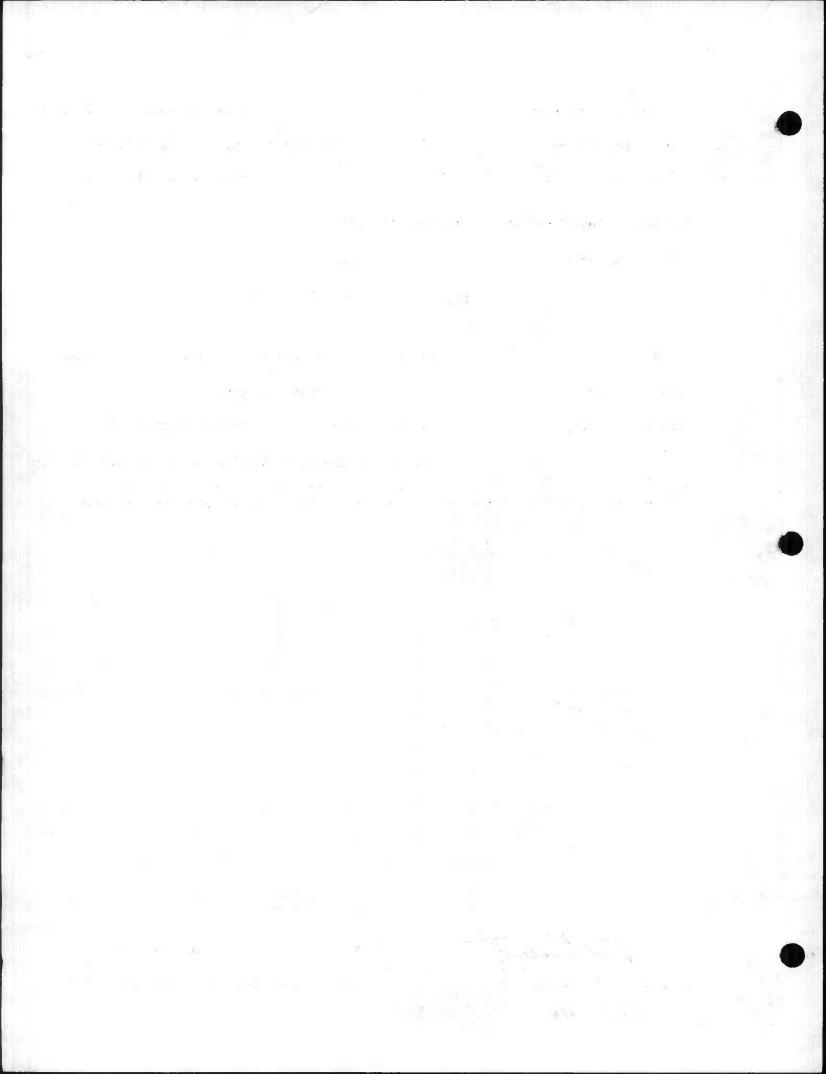
State Registrar 31. Date filed (Month, Day, Year) JUL 1 0 1996

Michael J. Schwartz,

30. Name and addrass of person who complated caysa of death (Item 23a) (Type, Print)



DHMH 16 Rev 6/95



020	physicia
AND 21215-0020	attending
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ND	hospital
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BALTIMORE, MARYLA	retained
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ALT	death.
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00	=

DIVISION OF VITAL RECORDS, P.O. BOX 687

COMPENSATION OF THE PARTY OF TH	TO BE COMDIETED BY DHYSICIAN: MEDICAL CEDTIFICATION
i examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.

	-	
CTATE OF MADVIAND / DEDADTMENT OF HEALTH AND MENTAL HINGIENE		
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE		
CERTIFICATE OF DEATH BEG NO		

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	IENT OF H	EALTH AND I	WENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	SOPHIE BAY	NARD			- 6	July 8. 1	996	3:00 P. M				
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign				
	13/9-38-13/6	□ M 2 🔀 F	88 YRS.	DATS	HOURS MM.	Dec. 22.		hington. DC				
~	9a. FACILITY NAME (If not institution, give street	and number)	96	. CITY, TOWN O	R LOCATION OF DE							
DIRECTOR	Montgomery General	Hospital		01ney			Montgomery					
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATI	ON			10d. INSIDE CITY				
<u> </u>	Maryland Montg	omery		lnev				LIMITS?				
AL	10e. STREET AND NUMBER	Onicry	ZIP CODE	WHAT COUNTRY?								
FUNERAL	17805 Buehler Road	#117			20832		U.S.A.					
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN FORCES? 1 YES	NDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14, RAC	E — American Indian,						
BY F	1 Never Married 2 Merried 3 Widowed 4 XDivorced	IF YES, GIVE WAR OR DA	ATES	2 NO Specify	n, Puerto Rican, etc.)	Spec	offy:					
	15. DECEDENT'S EDUCATI	ON	40. DECEMENTS HO	141 0000000000				White				
COMPLETED	(Specify only highest grade com	pleted)	(Give kind of work life. Do NOT use ge	done during mos	t of working	The second second second	SINESS/INDUSTRY					
7	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	Congressi Departmen	onal Re	cord For	r IIS C	overnmen	+				
ON O	17. FATHER'S NAME (First, Middle, Last)		Deparemen	01 110		ME (First, Middle, Malden						
	Jacob Baynard				Rose Hu		,					
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	ORESS (Street ar		Route Number, City or Tow	n, State, Zip Code)					
5	Shirley L. Helman		17805 B	uehler	Road, #	117, Olney	. MD 20	832				
,	20a. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 7/10/PATA 6/20c. LOCATION — City of Town, State											
	1 M Buriel 2 Cremetion 3 Removal from State Commeter											
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		STEEN	PARBERLWFA	MEMORIAL F TREET, N.W	UNERAL H	OME, INC.				
	Donald (".	Stottles	nyer.	WASHIN	RROLL ST	TREET, N.W	2-2095					
	23. PART I. Enter the diseases, or complications that caused to death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final											
	diseese or condition resulting in death)	S	ensi	S				DAMS				
		DUE TO (OR AS A						Day				
8	Sequentially list conditions,		neun	noni	a			Trigs				
E	if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):		Am	C. i		Davis				
일	CAUSE (Disease or Injury that Initiated evente	DUE TO (OR AS A	CONSEQUENC OF):	rac	Tin	fection	n	DAGS				
CERTIFICATION	reaulting in death) LAST		0									
	PART II Other elegitinest conditions	anti-lhiston to doubt to										
AR.	PART II. Other significent conditions of	ontributing to deeth b	ut not reculting in the	he underlying	ceuse given in	Part I. 24s. WAS AN PERFOR	********	MAILABLE PRIOR TO				
MEDIC	Himonth	1100 110	7			1 YES 2	X NO	OF DEATH?				
Σ	DID TOBACCO USE CO	YOI'DIS	CALISE OF D	EATL V	S I NO			1 TES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL	THRIBOTE TO	CAUSE OF D									
PHYSICIAN:	EXAMINER?	OSPITAL:		THER:	ACE OF DEATH (Chi							
H	27. MANNER OF OEATH	Zinpatiant 2 ☐ ER/Outp 28a. DATE OF INJURY	28b. TIME OF			6 Other (Specify) 28d. OESCRIBE HOW I	NJURY OCCURED					
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WOI	IK? ES 2 NO							
) BY	2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE OF INJURY	- At home, lerm, stree	t, factory, office		281. LOCATION (Street	and Number or Rural	Route Number,				
COMPLETED	4 Homicide determined	building, etc. (Spec	erry)			City or Town, State)		25.50				
PLE	29a. CERTIFIER (Check only 1 🔀 CERTIFYING PHYSICIAN	N: To the best of my know	ledge, death occurred at	t the time, data	and place, and due	to the cause(a) and mai	nner as stated.	-				
MO	one) 2 MEDICAL EXAMINER: O							a) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN	IBER	29d. DATE SIGNE	D (Month, Day, Year)				
) BE	0							200				
2	30. NAME AND MODIESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	60	D37930 July 8, 1996 18111 Prince Philip Dr., #31							
	powerange	SINIO	Robert	H. Knii	zer. MD	. Olney. M	larvland	20832				
	31. DATE FILED (Month, Day, War)	32. REGISTRAR'S SIGN	ATURE									
	JUL 1 2 1996	Line Varie	he Balon									
	1000	//	1 . La		-							

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Maryland / Department of Health and Mental Hygiene

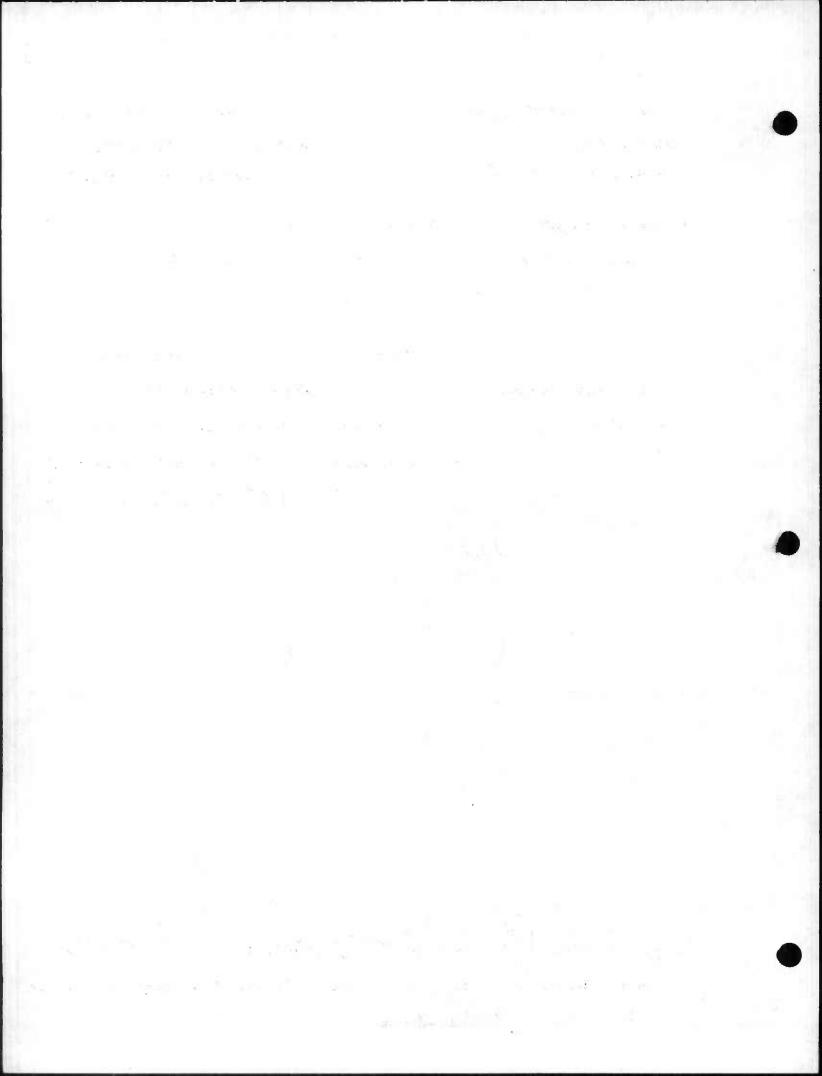
State of Maryland / Department of Health and Mental Hygiene

		Certificate of Death 1. Decedent's Name (First Middle Last) 2. Detect Death 2. Detect Death 3. Detect Death													
Physicia /Medic		Decedent's Neme (First, Midd	C	arol	-	lix	Boyse	en			2. Dete of Dee Month JULY	-	9 96	3. Time of De 5:27	
Examin		4a. Facility Neme (If not institution 3412 Dunn			n Road Beltsv						11e	Pri		ce George's	
Funeral Director		5. Sociel Security Number 062–28–7624	6. Sex 1 ☐ M	3€	7. Age (In yrs. I		If Under 1 Months	Yeer Deys	If Under Hours	24 Hrs. Min.	8. Dete of Birth June 3	Ye1937	9. Birthple New	ace (Stete or F York	
with the Maryland a or 28a-f show be notified at	ctor	Usuel Residence of Decedent 10e. State 10b. Count Maryland Princ	e Geo	rge's		Town or Lo							10	id. inside City I	
3a or 28	al Director	10e. Street end Number 3412 Dunningto	n Roa	coad			10f. Zip C	10f. Zip Code 20705					Whet Country? I States		
020 urs e	by Funeral	11. Maritai Stetus 1 Never Married 2 Me XXWidowed 4 Divorce	ried 1	Ves Deced Armed Ford Yes 3 If Yes, Give Yeer or De	XIXNo		Wes Deceder If Yes, specify		lispenic Ori en, Mexicar Specify:	gin? (Spe n, Puerto	ecity Yes or No- Rican, etc.)	10000	14. Race - American Indien, Bleck, White, etc. Specify: White		
	Be Completed	15. Decede (Specify only high Elementery/Secondery (0-12) 12	et arede co	nnletedi	^{4or 5+)} 2	(Give life.	dent's Usual (kind of work DO NOT use emaker	Occup done retired	etion during mos	t of work	working		Business/Industry Home		
	To Be C	17. Fether's Name (First, Middle Hugo	Last)]	Klix			18. Mothe Ru		Neme (First, Middle, Meiden Surneme)				
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the state		20a. Method of Disposition 1 Burlel 2 Cremation 4 Donetion 5 Other (3	3 □Remo	vel from S	CE	metery, crer	osition (Neme metory or othe itan C	or plea	mator	y 7	Dete /11/1996	20c. Location			
pemit. Page: Department of important: If is any injury or once.		21. Signature of Funeral Service	Licenses	10eV	nolt.	Do	Name end onald 400 Po	V.	Bor	gwa	rdt Fu bad Belt	neral sville	Home	virginia ne, P.A. ryland 207	
Physician /Medical Examiner	by Physician/Medical Examiner	miner	23e. Pert1. Enter the disease, o shock, or heert feilure. Lis Immediate Ceuse (Finel disease or condition resulting in deeth)				,					Small			Approximete Interval Betwee Onset and Dee
eeth certricate be executed ettending physician and for use as the burial-transit		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest	c			es e conseq									
y the d		Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. RESEART DISEASE TO NUMBROUS MEDICATIONS								23b. Did tobacco use contribute to			to the cause of death		
e law requires thet has been signed b je 2 should be dete	Completed	<u></u>	EDICA	Tron	5			_				an autopsy med?	avai	re autopsy find lable prior to apietion of cause eath?	
ysician: The k s cartificate ha director, page	Be Cor	25. Wes case referred to medical exeminer?	1						26. Piece	of Death	1 ☐ Y		10	Yes 2 Wo	
ng Phya fter this ineral di	Certification: To	1 ☐ Yes XIX No 27. Manner of Deeth XIX Naturel 5 ☐ Pendi	ng gation not be	a. Data of (Month)		ER/Outpatier 28b. Time of injury	M 28c		v et	No	me XX Resid 28d. Describe h 28f. Location (S City or Tow	ow injury occu			
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To the Complex complex	Me	29b. Signature and title of could	S	L	_		29c. L	icens	e number	_		29d. Dete signi	ad (Month, D		
Stat	20	30. Neme end eddress of person Everard Hugh 31. Dete filed (Month, Day, Year	es, M.	D. 1		nnect		ver	ue Ke	ensir	ngton, N	Marylan	d 207	795	

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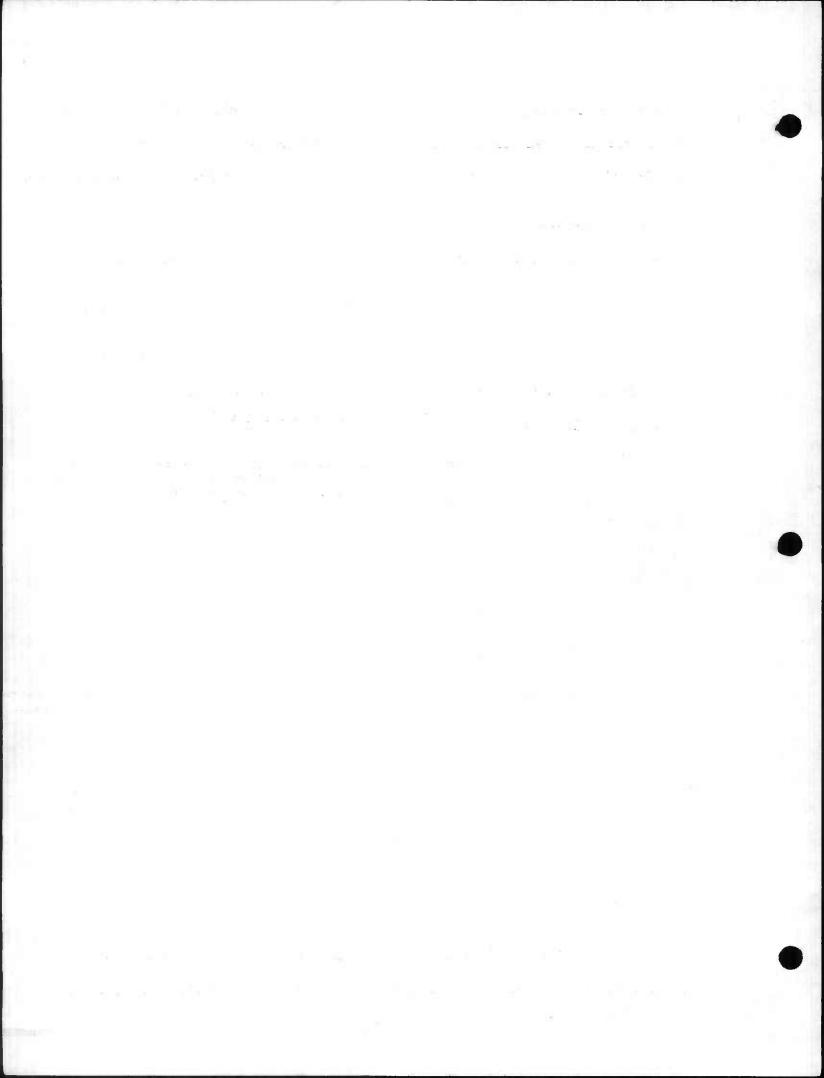
			Cer	tificate of	Death	_ R	Reg. No.		-1000			
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/Medica	EARL B	UFORD BLEDS	OE			JULY		996	11:57 PM			
Examine					4b. City, Town, or I		4c. County	of Death				
U.S. Carrier	Suburban Hospi 5. Social Security Number		s. last birthday)	If Under 1 Yaar	Bethese If Undar 24 Hrs.			gomer	*			
Funeral Director	578-05-4933 Usuel Residence of Decedent	120 M 2□ F 86		Months Days		8. Date of Birth (Month, Day June 9,	Year) 1910	Count	aca (State or Foraig try) ginia			
anyland	10a. Stete 10b. County	10c. C	10d. Inside City Llm									
vith the Ma	Maryland Mont	gomery	Wheaton				1 ☐ Yas 2⊠ No					
23a or 2		Street		10f. Zip Code 20902		1	10g. Citizan of What Country? USA					
ar des	10703 Lester 11. Marital Status 1 □ Never Married 2 ☑ Marrie	12. Was Decedent Evar In Armad Forces?	U,S. 13. V	Hispanic Origin? (S ban, Mexican, Puerl	pecify Yas or No- o Rican, etc.)		ce - America					
2 Z IZ I S-UUZ(I iled within 72 hours e tygiena. her than "natural", o nt, tra Medical Exar Completed by	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 XNo If Yes, Give Year or Dates:		1□ Yes 2⊠ No Specify:			Specif		White			
	15. Decedent's (Specify only highest	s Education grade completed)	16a. Deced	ent's Usual Occup kind of work done	pation during most of wor	king	16b. Kind of B	usiness/Ind	ustry			
	Elementery/Secondary (0-12)	Coilege (1-4or 5+)		(Give kind of work done during most of working life. DO NOT use retired) Contracter								
	17. Father's Name (First, Middla, L	ast)	Contracte			ne (First, Middla, I	Construction Maiden Surmame)					
2 should be for end Mental Hall marked or raumatic eve	William Angus	Bledsoe			Annie I	Florence	Barden	·				
d 2 should th end Mer 7 is marke traumatic	19a. Informant's Name/Relationsh		19b. Mailin	g Addrass (Street	and Number or Ru				Code)			
7566	Helen Bledsoe											
500	20a. Method of Disposition		10703 Lester Street, Wheaton, Maryland Placa of Disposition (Nama of permatery, crematory or other placa) Date 20c. Location - City						*			
Peges nent of I	1 ⚠ Bunal 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp.		chalawn Cemetery 7/13/96 Rockville, Marylan									
permit. Peges Department of important: If it any injury or one	21. Signature of Funeral Service L	Filel	Fr. 50	O Univer	Collins sity Blvd	I.W. Silv	ver Spr	Inc.	MD 20901			
Physician /Medicai	23a. Part 1. Enter tha disease, or or shock, or heart failure. List o			er the moda of dyi	ng, such as cardiac	or respiratory arm	est,		Approximate Intervel Between Onset and Death			
Examiner	disaase or condition resulting in death)	a. RENAL FA	ILURE (or as a consequ						1 WEEK			
	i	_ PULMONAR			1	1 11991						
executed in end iel-transit Examiner	Sequentially list conditions	0. —	(or as a consequ					+	1 WEEK			
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E 5 8		Dua to (or as a consequance of):										
at the death ce d by the attand etached for us.		0.			1							
the a	Part II. Other significant condition	s contributing to death but not re	sulting In the un	derlying cause gi	23b. Did to	the cause of death						
es that the death ce igned by the attandi be detached for use by Physician/						1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐						
aw requir						24e. Was a perform	n autopsy med?	avai	re autopsy findings ilable prior to apletion of cause eath?			
The page						1 □ Ye	s 2 No	10	Yes 2□ No			
artifica octor,					26. Place of Dea	th (Check only on	e)					
nysic nis ca Il dire		Hospital: 1 ☑ Inpatient 2 ☐	ER/Outpatiant	3□ DOA Oth	ner: 4 Nursing Ho	ome 5 Reside	nca 8 🗆 Oth	er (Specify)				
eth. r: After the funeral		28a. Data of Injury (Month, Day Year) tion	28b. Time of Injury	28c. Injut World M 1	ryat rk? Yes 2 □ No	28d. Describe ho	ow injury occur	red				
is after deeth. al Director: After to led in by the funeral Certification:	3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin	28e. Placa of Injury - At the building, etc. (Special	nome, farm, stre	et, factory, offica		28f. Location (St. City or Town		er or Rural	Route Number,			
in 24 hou he Funer pletely fill edical	29a. Certifier (Check only one)	Physician: To the best of my known caminer: On the basis of examinant manner stated.	owiedge, death ation end/or inve	occurred at the tirestigation, in my o	me, date and piace, ppinlon, deeth occur	and due to the ce red at the time, de	euse(s) and ma ete and piace,	anner as sta end due to l	ited. the ceuse(s)			
	29b Signature and title of certifier	nfllen	S	29c. Licens	se number 3906	4	9d. Data signed	d (Month, D				
7	30. Name and address of person wi								NA.			
	James M. Salan			lle Pike	#204 I	Rockville	e, Mary	land	20852-314			
State	31. Date filad (Month, Day, Year)	32. Registrar's Sign										
Registrar	JUL 1 2 199	36 Julia Davids	on-Randal	4								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 2 | 857

						Certificate of	Death		Reg. No.		L 100		
			1. Decedent's Neme (First, Middle, La	rst)			2. Dete of Dee	eth		3. Time of Death			
	Physici /Medi		Robert M. Bol	ton . Ir.				July 9	9, 1996	Yeer	10:00AM		
	Examir		4a. Facility Neme (If not institution, gli				4b. City, Town, or I		-	of Deeth			
			18045 Cottage Ga	rden Drive.	#103		Germant	own	Mon	tgomery	merv		
	Funeral		5. Sociel Security Number 6.	Sex 7. Aga	(In yrs. last bi	rthday) If Undar 1 Yaar Months Davs	If Undar 24 Hrs.	8. Date of Birt			a (Stata or Foreign		
E	Director		218-30-4117 Usuel Residence of Dacedent	1፟፟፟፟M 2□ F	60	Yrs. Months Days	Hours Min.	July 29	29, 1935 Washington, D				
	Mand dand		10a. Stata 10b. County		10c. City, Tow	m or Location				10d.	Ineide City Limits		
	Man	ō	Maryland Montgo	merv		Cer	mantown				1 ☐ Yes 2 📉 No		
	the rot	Director	10e. Street and Number			10f. Zip Code	maricown		10g. Citizen of	What Country	7		
	Sa or		18045 Cottage	Garden Dr	ivo #10	13	20874						
	inesthating 2	Funeral	11. Marital Status	12. Wes Dacedant E				pecify Yas or No-	United States No- 14. Rece - American Indian,				
	ine, Mal yially Zizis-UUZU stand 2 should be filed within 72 hours after deeth with the Manyland of Health and Mental Hygiene. I marked other than "natural", or frems 28a or 28a-f ahow other traumatic event, the Madical Examiner must be notified at		1 ☐ Never Merried 2 🕅 Married	Armed Forces? 1 X Yes 2 No	0 1953	13. Was Decedent of If Yas, specify Cul		o Rican, atc.)	Ble				
Ž	ors a	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yaar or Detas:	1957	1 ☐ Yes 2 🔀 No	Specify:		Specify: White				
Ŏ	2 ho	Completed	15. Decedent's E	ducetion	16e	. Decedent's Usuel Occu	petion		16b. Kind of B				
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Maryland 21215-0020	office of the	BeC	17. Fether's Nema (First, Middle, Last)			18. Mother's Nar	ne (First, Middle,		-			
<u>a</u>	lenta ked ked	ToB	Robert M.	Bolton, Sr			1	Rozelle	Harriot	t Jett			
ary	Should No Indian		19e. Informent's Neme/Reletionship		191	. Meiling Address (Stree	et and Number or Ri	iral Route Numbe	ar City or Town				
Σ	27 is		Patricia J. Bolto			045 Cottage rmantown, M	Garden I	Orive #1	03				
ē,	ten ten othe		20e. Method of Disposition		Disposition (Nema of ry, crametory or other pla				tion - City or Town, State				
9	Peges nent of H nnt: If He try or of		1 ☐ Buriel 2 ☐ Cramation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci					7/11/96	D = 41 =	1 1			
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Ba	Departri Importa any inje		10 00	V //,		Rockvill	e, Inc.	300 West	Montgo	omery			
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	n and	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Hypertension										
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J.	y the	ys	Pert II. Other significant conditions of	contributing to deeth but	not resulting i	n the underlying cause g	iven in Part I.	23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☒ Unknow					
 F	The law requires that the de- ste has been signed by the a page 2 should be detached f	by P	Exogenous Obes	ity				10	Yee 2 No	3 Probab	iy 4 M Onknow		
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-	P = -	Certification:	4 ☐ Homicide determined	building, atc.	(Specify)	erm, street, fectory, office		City or Tow		or or nural n	oute Municer,		
	pital oral filled		29a. Certifier 1X Certifying Pt	welsten. To the best of	mu lenauda da	death covered at the t	ima data had stans	had duk to the					
	To the Hospital o within 24 hours aft To the Funeral DI completely filled in	edical	(Check only 2 Medical Examone)	niner: On the basis of e	examinetion er	e, deeth occurred et the t d/or Investigetion, in my	opinion, deeth occu	rred et the time,	dete end plece,	end due to the	a cause(s)		
	vithin routh	Me	29b. Signature and title of certifiar	0.11-	_	29c. Licen	se number		29d. Data signe	d (Month, Day	y, Year)		
			Mideland	W K	Ton Kn	0 -	06250		T., 1., (1006			
4	VI		30. Neme and eddress of person who	completed cause of de-	eth (Item 23e)	7	06258		July 5	, 1996)		
4	71						d #104	Cormont	orm M	w. 1 = = 1	20076		
è	Sta	te	Richard N. Katon 31. Dete filed (Month, Dey, Yeer)	32. Registrer		nu raim Koa	1/104,	Germant	own, Ma	ryrand	_208/6		
	Registr		JUL 1 2 19	96 Kilia	Davidson	Randalle							

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth Year **Physician** JULY 10, 1996 3:15 AM HELEN CLAIRE SKELLY BABER /Medical 4e. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner SOLOMONS NURSING HOME SOLOMONS CALVERT If Under 1 Yeer 9. Birthplace (State or Foreign 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 24 Hrs. **Funeral** 1 M 2 KF Deys Hours Yrs Director 74 1, 1922 PENNSYLVANIA 578-32-7362 Usual Residence of Decedent 10a. State 10b County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryla Department of Health and Mental Hyglene. Important: If item 27 is merked other than "naturet", or items 23a or 28s-1 show any injury or other traumatic event, its langual Examples must be notified as any injury or other traumatic event, its langual Examples. 1 ☐ Yes 2 ☐ No Director MARYLAND CALVERT HUNTINGTOWN 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3050 RICHFIELD RD. 20639 UNITED STATES Funeral 12. Was Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Raca - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 Married 1 ☐ Yes 2 X No If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: 3 □ Widowed 4 □ Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) FEDERAL GOVERNMENT STATISTICIAN 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be WILLIAM HERMAN SKELLY LE FEVRE MARGARET JANE 19e. tnformant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) RALPH E. BABER / HUSBAND 3050 RICHFIELD RD. HUNTINGTOWN, MARYLAND 20639 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) TRINITY MEMORIAL GRDNS JULY 13 WALDORF, MARYLAND 22. Neme end Address of Fecility
THE HUNTT FUNERAL HOME, INC.
P.O. BOX 156 WALDORF, MARYLAND 20604 21. Sonature of Euristal Sarvice License BENJAMIN M. MATTHEWS 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** Immediate Ceuse (Final disease or condition resulting in death) /Medical Examiner 11 sician and burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last Due to (or as a consequence of) physician a Division of Vital Records. P.O. Box 68760. Physician/Medical Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2000 3 Probably 4 Unknown by 24e. Wes en eutopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed has 1 ☐ Yes 2 ¥ No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physicien:
 24 hours after death.
 Funeral Director: After this certific. funeral director. 25. Was case referred to medical examiner? Be 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) ၉ 1 ☐ Yes 2 No 1 Inpatient 3□ DOA 2 ☐ ER/Outpatient 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 1 Naturel
2 Accident 5 Pending 1 Yes 2 No investigation 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 - Homicide 29a. Certifier 1 🖟 Certifying Phyeictan: To the best of my knowledge, death occurred at the time, date end plece, end due to the cause(s) and manner as stated. (Check only one) 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and manner stated. To the within 2 To the 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) JULY 10, 1996 30. Name and address of person who completed cause of death (Item 23a) (Type Print) 110 HOSPITAL ROAD PRINCE FREDERICK, MD. 20678 ANWAR MUNSHI MD 1996 32. Register's Signature. State

. and the same trans-St. 1 1 1 7 1 1 1 1 1 TATE AND

State of Maryland / Department of Health and Mental Hygiene 96

			,		Certificate of	Death	,	Reg. No.						
		1. Decedent's Nama (First, Middla, Las	st)				2. Data of De	eath	The second	3. Tima of Death				
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/Medi		4a. Facility Nama (If not institution, give	a street and number)			4b. City, Town, or Lo	cation of Deat	h 4c. County		0.000				
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Funeral	U.	5. Social Security Number 6. S	ex 7. Aga (In yrs.	last bin	thday) If Undar 1 Yaar		8. Data of Bir	th Voor	9. Birth	olaça (Stata or Foreign				
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8		Usual Rasidance of Decedant	10.00											
ehov d at	-	10a. Stata 10b. County		y, Iowr	or Location					10d. Insida City Limits 1 ☐ Yas 2 🔯 No				
M	Director	Maryland Ced	GII		Col	ora								
Geeth with the Manyland ms 23a or 28a-f show cristed by		10e. Street and Number	- a		10f. Zip Coda	21017	7 U.S.A.							
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	i,	11. Marital Status 1 ☐ Navar Married 2 ☐ Married	12. Was Dacedant Evar in U Armed Forcas?	,5.	13. Was Dacedant of If Yes, specify Cub	pan, Maxican, Puarto	Rican, atc.)	Bla	ck, Whita,	can Indian, atc.				
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2121 3 within jiene. r then	E	Elementary/Secondary (0-12)	Two Years	Me	dical Staff	Assistant		Bainbrid	ge, Ma	ryland				
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arylan should be and Mentel over turnetic even	To B	Willia	am Davis				Ollie	Lord						
Maryla Maryla d 2 should th and Mer 7 is marks traumatic	-	19a. Informant's Name/Relationship (7	Type, Print)	t and Number or Rura	il Routa Numb	er, City or Town,	Stata, Zij	Code)						
		Paula H. Gilley (Granddaughter)	35	Oak Street	, Colora,	Maryla	nd 2191	7					
ヘノー ローモロ		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐		Placa of	Disposition (Nama of y, crematory or other pie	ice)	Data	20c. Location	Cify or To	own, Stata				
Page Page ury or ury or		4 □ Donation 5 □ Other (Specify	R.	A.]	Ferris & Co	mpany 7/	11/96	West Ches	ter, E	ennsylvania				
Baltim pemir. Pac Department: Important: I		21. Signatura of Funaral Sarvice Lican	SIL		22. Nama and Addr									
on seesa		Lee A. Patterson & Son Funeral Home Perryville, Maryland 21903 3a. Part. Enter tha disaasa, or complications that caused tha death. Do not enter tha mode of dying, such as cardiac or raspiratory arrest, interval Between interval Between												
0		23a. Part1. Entar tha disaasa, or comp	plications that caused the deat	h. Do r	not entar tha mode of dy	Ing, such as cardiac o	or raspiratory a	rrest,		Approximata Intarval Between				
Physician		orioni, or rigars rainata. Eloc oriny c	one outou on auton mia.						1	Onset and Death				
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Examiner	L.	rasulting in daath)	Dua to (d	or as a c	consequence of):					0,100				
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68760, ifficate be ext g physician a	<u>8</u>	Sequentially list conditions, if any, hading to immediate cause. Enter Underlying Cause (Disease or injury) Cause (Disease or injury) Cause (Disease or injury)												
phys the	edicai	rasulting in daath) Last Dua to (or as a consequence of):												
E 5 E	5		· Sevese		Demen	tra-			i	Tyears				
BOX eeth cert attending	ciar						4		1	Approx				
O the d	ysi	Part II. Other significant conditions co	ontributing to death but not ras	uiting In	tha underlying causa gi	van in Part I.				o the cause of death?				
Division of Vital Records, P.O. Box in attending Physician: The lew requires that the deeth ce after deeth. Director: After this certificate hes been signed by the attendit in by the tuneral director, page 2 should be detached for use	by Physician/	Cornary H	stery Dis	20	se & t	18112	10	Yes 2□ No	3∐ Pro	bebly 4 D-bnknown				
rds pulles uld bu		Levensu					24a. Was	an autopsy	24b. W	ara autopsy findings				
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Reches he lev	Completed	0 1 0						Yas 2 TONo		☐ Yas 2☐ No				
Vital I		25. Was casa referred to medical				OF Dines of Death								
s can	To Be	avaminar?	Hospital: 1 ☐ Inpatient 2 ☐	EB/Out	tpatient 3□ DOA Ot	26. Piaca of Death her: 4 Nursing Hor			ar (Speci	64)				
Physical dispersion		27. Manner of Death	28a. Date of injury (Month, Day Year)	28b. T	ima of 28c. Inju			how Injury occur		77				
On noting I	atio	1 ☑Natural 5 ☐ Panding 2 ☐ Accidant invastigation		Ir		Yas 2 No								
Visio	Iffice	3 ☐ Sulcide 6 ☐ Could not be datarminad	28e. Placa of Injury - At he building, etc. (Spacif	ome, fa	rm, streat, factory, office		28f. Location (City or To	Street and Numi	ber or Run	al Routa Number,				
D sa sa sa sa sa sa sa sa sa sa sa sa sa	Certification:	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	building, etc. (Spacin	y)			Ony or 10	wii, Olalay						
Division of Vital Reversities to the Hospital or Attending Physician: The le within 24 hours after deeth. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai	29a. Certifier 1 Certifying Phy	vaician: To the best of my kno liner: On the basis of axamina	wledge	, death occurred at the ti	ime, date and piace, a	and dua to tha	cause(s) and m	annar as s	itated.				
the H	ed	one)	and manner stated.	tion and			ou at the time,	data and place,	arra dua t	o ma causa(s)				
To To Too	Σ	29b. Signature and titla of cartifiar	1- P.SC. D.D.	- ,A	. ^ ^	sa number	7	29d. Data signa	d (Month,	Day, Year)				
3	Ą	Manage		, , ,		2230	/	1/19	16					
200		30. Name and addrass of person who o	complated ausa of death (item	n 23a) (001/4	100	BIKTO	KI-	MD21921				
		21 Date filed Month Day Vand	THICLI	10		Jerry 1	100) 0		7	1.10001				
Sta Registr		31. Data filed (Month, Day, Year) JUL 12 19	32. Registrar's Signa	door	-Agndalle									

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ires that the death ce	signed by the aftendir	tealth and Mental Hy	vs any injury, or
requires that the death ce	een signed by the attendir	of Health and Mental Hy	shows any injury, or
law requires that the death ce	ias been signed by the attendir	Dept. of Health and Mental Hy	23 shows any injury, or
: The law requires that the death ce	ate has been signed by the attendir	itate Dept. of Health and Mental Hy	tem 23 shows any injury, or
CIAN: The law requires that the death ce	ertificate has been signed by the attendir	the State Dept. of Health and Mental Hy	or item 23 shows any injury, or
HYSICIAN: The law requires that the death ce	his certificate has been signed by the attendir	with the State Dept, of Health and Mental Hy	ked, or item 23 shows any injury, or
NG PHYSICIAN: The law requires that the death ce	fter this certificate has been signed by the attendir	eath with the State Dept. of Health and Mental Hy	marked, or item 23 shows any injury, or
ENDING PHYSICIAN: The law requires that the death ce	R: After this certificate has been signed by the attendir	er death with the State Dept, of Health and Mental Hy	is marked, or item 23 shows any injury, or
ATTENDING PHYSICIAN: The law requires that the death ce	ECTOR: After this certificate has been signed by the attendir	s after death with the State Dept, of Health and Mental Hy	n 28 is marked, or item 23 shows any injury, or
OR ATTENDING PHYSICIAN: The law requires that the death ce	DIRECTOR: After this certificate has been signed by the attendir	hours after death with the State Dept. of Health and Mental Hy	item 28 is marked, or item 23 shows any injury, or
PITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	FRAL DIRECTOR: After this certificate has been signed by the attendir	n 72 hours after death with the State Dept. of Health and Mental Hy	f. if item 28 is marked, or item 23 shows any injury, or
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce	FUNERAL DIRECTOR: After this certificate has been signed by the attendir	within 72 hours after death with the State Dept, of Health and Mental Hy	TANT: if item 28 is marked, or item 23 shows any injury, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death, Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

												96	21860	}
	FOR 1 - STATE REGISTRAR	STATE OF N							MENTAL	HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle Last)	BENS	CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH DAY GEORGE PERSON Helen Pope Benson REG. NO.						3. TIME OF DEATH	-				
	4. SOCIAL SECURITY NUMBER 243-09-3245	5. SEX 1 M 2 F	5. SEX 6. AGE (In yrs. lest birthd			FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.			(Month, Day, Year) Coun			HPLACE (State or Foreign try) rth Caroli		
OR	9a. FACILITY NAME (If not institution, give s Union Hospital RESIDENCE OF DECEDENT	treet and number)	et and number) 9b. CIT				Y, TOWN OR LOCATION OF DEATH Elkton			TH 9c. COUNTY OF I			DEATH	1.0
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	1		10c. Ci1	TY, TOWN OR LOCATION							CCII	10d. INSIDE CITY	_
	Maryland Cecil Chesapeake City 10e. STREET AND NUMBER										LIMITS?			
FUNERAL	211 Bohemia Aven	ue				101	. ZIP CODI	E 1915					d States	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2 X	MED (O		If yes, spe	ENDENT O	OF HISPAN	NIC ORIGIN?			14. RAC	E — American Indian, sk, White, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homewalker										WIIIC	_		
BE COM	Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles E. Pope Elizabeth McKinnis												_	
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marie B. Payne/daughter 16 Augusta Drive, Elkton, Maryland 21921													
	20a. METHOD OF DISPOSITION 1											own, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hicks Home for Funerals, P.A. 103 W. Stockton Street, Elkton, M.													
	23. PART I. Enter the diseases, or eshock, or heart failure.	complications that List only one caus	caused tha de	ath. Do									Approximate interval Batwee	-
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Sep	tic Sl	dog	e								Hours	
NO	Sequantially list conditions,	· Pro	OR AS A CONSEC	nia									Days-	
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a As	of AS A CONSEC	ion	~								Jayr	
CERTI	reaulting in death) LAST	. 50	troko	(Rig	Act	CVA	4)					Lays	
PHYSICIAN: MEDICAL	PART II. Other significant condition	a contributing to	death but not r	esulting PC(A)	In the u	nderlying	cause g	givan in		4a. WAS AN PERFOR	MED?	248	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	S
N:	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEA	TH YE	ES 🗆	NO 🔯	UNC	ERTAIN	v 🗆				1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		E OF DEA	OTHE	R:								_
	27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF	1) Inpetiant 2 ER/Outpetiant 3 DOA 26s. DATE OF INJURY (Month, Day, Year) 26b. Ti			OF 26c, INJURY AT WORK?			6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				-	
D BY	2 Accident Investigation 3 Suicide 8 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, diffica building, atc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, diffica City or Town, State)									Route Number,	_			

TO BE COMPLETE ETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. OATE FILED (Month, Day, Year)

JUL 1 1 1996 32 DEGISTRAP'S SIGNATURY ON COMPANY

29c. LICENSE NUMBER

t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the caur

29a. CERTIFIER (Check only one)

296. SIGNATURE AND TITLE OF CERTIFIER

29d. DATE SIGNED (Month, Day, Year)

		1100001	State of Man	yland / D		ent of I	Health and		7.1	6 21861
Physici /Medic		1. Decedant's Name (First, Middle, Last) Elva J. Bitler						2. Data of De Month July	Dey	3. Time of Death 996 14:28
Examin Funeral Director	er	4a. Facility Nama (If not institution, give s Union Hospital of 5. Social Security Number 164-20-2274 Usual Residence of Decedant	Cecil Cou	n yrs. last birt	thday) If Und Month	dar 1 Year as Days	Hours Min.	8. Dete of Bir	C∈ rth ay, Year)	9. Birthpiece (State or Foreign Country)
a-f show	ctor	10a. Stata 10b. County Maryland Cecil	10	Oc. City, Town	n or Location	East				10d. inside City Limits 1 ☐ Yes 2 ☑ No
effer death with the Marylan or Nerns 23s or 28s-f show	ral Director	10e. Street and Number 107 Caldwell Road			10f. 2	Zip Coda 219()1		10g. Citizan of W United S	
72 hours efter death with the Maryland natural, or Nems 23s or 28s-f show dical Examinal must be notified at	by Funeral	11. Meritai Status 1 □ Nevar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	 Was Decedent Eve Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Give Year or Datas: 	or in U,S.		cedant of I pecify Cub 2 No	Hispanic Origin? (S an, Maxican, Puar Specify:	Specify Yes or No to Ricen, etc.)	5 14. Race Black Specify:	- Amarican Indien, c, Whita, atc. White
d within 72 h giene. If then Instu	Completed	15. Decedant's Educ (Specify only highest grade Elemantary/Secondary (0-12)	cation complated) Coilega (1-4or 5+)		Decedant's U: (Giva kind of i lifa. DO NOT	work done use retire	during most of wo	rking	Temporar Service	ry Employment
should be filed within and Mental Hygiene. I merked other than "umatic event, the Me	To Be	17. Fathar's Neme (First, Middle, Last) Robert Dollar 19a. informant's Name/Raietionship (Tyx)	Dan Paint	106	Mattin - Addr	/0	18. Mother's Net Edna H	enry	, Maidan Surname	
permit. Pages 1 and 2 should be filed within 72 hours Deportment of Health and Mental Hygiene. Important: if item 27 is merked other than "natural", any injury or other traumatic event, tre Hedical Engonce.		Robert F. Bitler 20a. Mathod of Disposition 1 2 Dremetion 3 DR		10		Well	Road, No		t, MD 219	and the same
permit. Pa Depertmen Important: any injury once.		4 □ Donation 5 □ Other (Specify) 21. Signatura of Funerei Service Tionse		North I	22. Nama Crouc	and Addre h Fur	ist Cem. ass of Facility neral Hom Main Str	ie		East, Maryland
Physician /Medical Examiner		23a. Pert1. Enter the disease, or complications, or heart failure. List only on immediate Cause (Final disease or condition resulting in death)	cations that caused the a cause on each line.		ot enter the m	ode of dyl		c or respiretory e		Approximate interval Between Onset and Death
n certificate be executed anding physician and use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in deeth) Last	Anox	AF e to (or as a c	onseguence o	n): CLK	halop	pathy	/	5 months
es that the death certificate igned by the attending phys be detached for use as the	by Physician/M	Part II. Other significant conditions cont	ributing to death but n	ot rasulting in	the underlying	g causa gi	van in Part I.	1		tribute to the cause of death? 3 Probably 4 Unknown
The lew requir ate hes been s pege 2 should	Completed b				1			24a. Was perio	en autopsy ormed?	24b. Ware autopsy findings evelleble prior to completion of cause of death?
hysician: The land is certificate he al director, page	To Be	1 185 2 140	ospital:	2 DER/Out	tpatient 3□ i	DUA	ner: 4 Nursing H	T	dance 6 Otha	
To the Hospital or Attanding Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	Certification:	27. Menner of Death 1 Datural 2 Accident 3 Suicide 4 Homicide 6 Could not be datermined	28a. Deta of injury (Month, Day Ye 28e. Piece of injury building, etc. (S	- At homa, far	ijury M		ryat rk? Yas 2 □ No		how injury occurre Street and Number wn, State)	or or Rural Routa Number,
Hospital of 24 hours at Euneral Dietely filled It	Medical Cer	29a. Certifier 1 Certifying Phyat (Check only one)	cian: To the best of m	y knowledge, amlnation and	death occurre	ed et the ti	ma, data and place ppinion, daath occu	e, and dua to tha urred at tha tima,	cause(s) end man data and piace, a	nner as steted. nd dua to the causa(s)
To the within comp	Me	29b. Signatura and titla of certifier 30. Name and address of person who core	npleted causa of daatt	ı (Itam 23a) C			2395			(Month, Day, Year)

3 Mauldin Avenue, North East, MD 21901 410-287-6616

32 Registrac Signatura Randon

State Registrar Thomas Finucan, M.D., 31. Data filed (Month, Day, Year)

JUL 15 1996

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760.

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Cert	ificate of	Death			Reg. No.			
			1. Decedant's Nama (First, Middle	a, Last)						2. Data of Dea	ith	-	3. Tima c	of Death
	Physic /Medi		LEWIS	FRANKI	TN	BURC	н			Month	Day	Yaar	4:0	0 P.M.
	Exami		4a. Facility Nama (If not institution			DURC	11	4b. City, To	wn, or L	July ocation of Death	4c. Count	y of Death		
			St. Mary's Hos	pital				Leon	ardt	OWD	St.	Mary'	S	
Г	Funeral		5. Social Sacurity Number	6. Sax 7. Ag	ga (In yrs. last I		If Undar 1 Yaar Months Days	If Undar	24 Hrs.	8. Data of Birt (Month, Day Aug 13,	(Veer)	9. Birthp	laca (Stata	or Foreign
ш	Director		217-36-5533	1⊠M 2□F	85	Yrs.	MOINTS Days	Hours	IVIII.	Aug 13,	1910	Coun Mar	ryland	i
	Pu ,		Usual Rasidance of Decedant 10a, Stata 10b, County		1									
	anyla shov	-	Maryland St. M	ioralo	10c. City, To							1	Od. Inside C	City Limits
	Ne M	Director	_	ary s	Mec.	Паптс	sville							ZENO
	vith t		10e. Street and Number 4320 Waldorf Le	onandtara De			10f. Zip Coda				10g. Citizen of		itry?	
	23	Funeral				1	20659				U.S.A			
	ab rei	S.	11. Marital Status	12. Was Decedant Armed Forcas?	11000	13. Wa	as Dacadant of a Yas, specify Cub	Hispanic Or pan, Maxica	igin? (Sp n, Puarto	ecify Yas or No- Rican, atc.)		ce - Amaric ick, Whita,		
20	72 hours after death with the Maryland netural, or Heme 23a or 28e-1 show orcal Examiner must be notified at	by F	1 ☐ Navar Marriad 2 ☐ Marr 3 ☑ Widowed 4 ☐ Divorced	If Vas Giva	No	10	□Yas 2⊠ No	Specify.			Specia	y: Whi	ito	
9	"netural",	8	15, Decedan	Taur or Dateo.	16	a Deceda	nt's Usual Occu	nation		1	16b. Kind of B			
Maryland 21215-0020	f within 72 hailena.	Completed	(Specify only higha	st grada completed)		(Giva ki	nd of work dona NOT usa ratire	during mos	t of work	king	TOO. THIS OF E	OSI I OSGI I I C	lustry	
212	be filed within tal Hygiena. d other than " event, tr. We	Eo	Elamantary/Secondary (0-12) 8th Grade	College (1-4or 5	5+)	Far	mer				Fan	m		
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lar	should be fund Mental is marked of umatic eve	ToB	Joseph Ed	win Bur	rch			Bea	ttie		Kno	tt		
ary	d 2 should the and Men T is marked traumatic		19a. Informant's Name/Ralations	hip (Type, Print)	18	9b. Mailing	Addrass (Stree	t and Numb	er or Rui	rai Routa Numbe	r, City or Town	, Stata, Zip	Coda)20	659
	Haalth a tem 27 is other train		Joseph F. Burch	, Sr.	4:	155 W	aldorf	Leona	rdto	wn Rd.,	Mechan	icsvi	lle,	MD
Baltimore,	Pagas 1 and ment of Haalti ant: If Item 27 ury or other 1		20a. Mathod of Disposition		20b. Placa	of Disposit	tion (Nama of	aca)		Data	20c. Location	- City or To	wn, Stata	
E	Paga nent c mt: If ry or		1 Burial 2 □ Cramation 4 □ Donation 5 □ Other (S				Cemete		1 .	7/16/96	Morgan	za, M	D	
alti	2652		21. Signaritye of Funeral Service	Licensee ,	1	22,1	Nama and Addr	ass of Facili	ty	Funeral				
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e.	Physician		shook, or haart failura. List	only ona causa on aach III	na.							i	Intarval Be Onsat and	Death
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	tha death certificate be executed y the attending physician and sched for use as the burla-transit	Examiner	Saguantially list conditions	b	Dua to (or as	a consedua	ance of):		-	9	ony	1	(,-)	
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Вох	eath ce attandi			d										
	hat tha death od by the atta detached for	Physician/	Part II. Other significant condition	ns contributing to death b	ut not rasulting	In tha und	lerlying causa gi	van in Part	l.	23b. Did t	obacco use co	ontribute to	the cause	of death?
P.0	+ D **	Phy								101	/es 2□ No	3 Prot	bably 4	Unknown
	as do	ρ												1
orc	v requiras been sign should be	Completed								24a. Was perfor	an autopsy med?	ave	ara autopsy allable prior	to
ec	2 S 2	ple							-			of c	mpletion of death?	cause
<u> </u>	Tha ata h	Son								1 🗆 Y	as No	10	Yas 2	No
of Vital Records,	iclen: The	Be	25. Wes casa refarred to medical axaminar?					26. Place	e of Deet	th (Check only o	ne)			1
7	5 000	ပ္	1 ☐ Yas 20 No	Hospital: 1 Inpatia	ant 2 ER/C	Outpatient	3□ DOA Ot	har: 4□ N	ursing Ho	oma 5 Rasid	ance 8 □Oti	nar (Specif)	y)	
n n	ng Pl	ü	27. Mannar of Death 1 ANatural 5 □ Pandin	28a. Data of Inju (Month, Da)		. Tima of Injury	28c. Inju Wo	ry at ork?		28d. Dascribe h	ow Injury occu	rred		
sio	Attending ir daath. ector: Afta by the fune	catl	2□ Accidant Invastig	pation		_	M 1	Yas 2	No					
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	rai Dell		X											
	To the Hospital or Attending Ph within 24 hours aftar death. To the Funeral Director: Aftar th complataly filled in by the funeral	edical	29a. Cartifier / Certifyin / Check only 2 Medical	g Physician: To tha best of Examinar: On tha basis of	f axamination a	ga, daath o	occurred at tha ti	ima, date an opinion, das	d place, th occur	and dua to tha d	ausa(s) and m	enner es st	eted.	s)
	the the mpla	Med		end mannar sta	ated.									
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			30. Neme and address of person											
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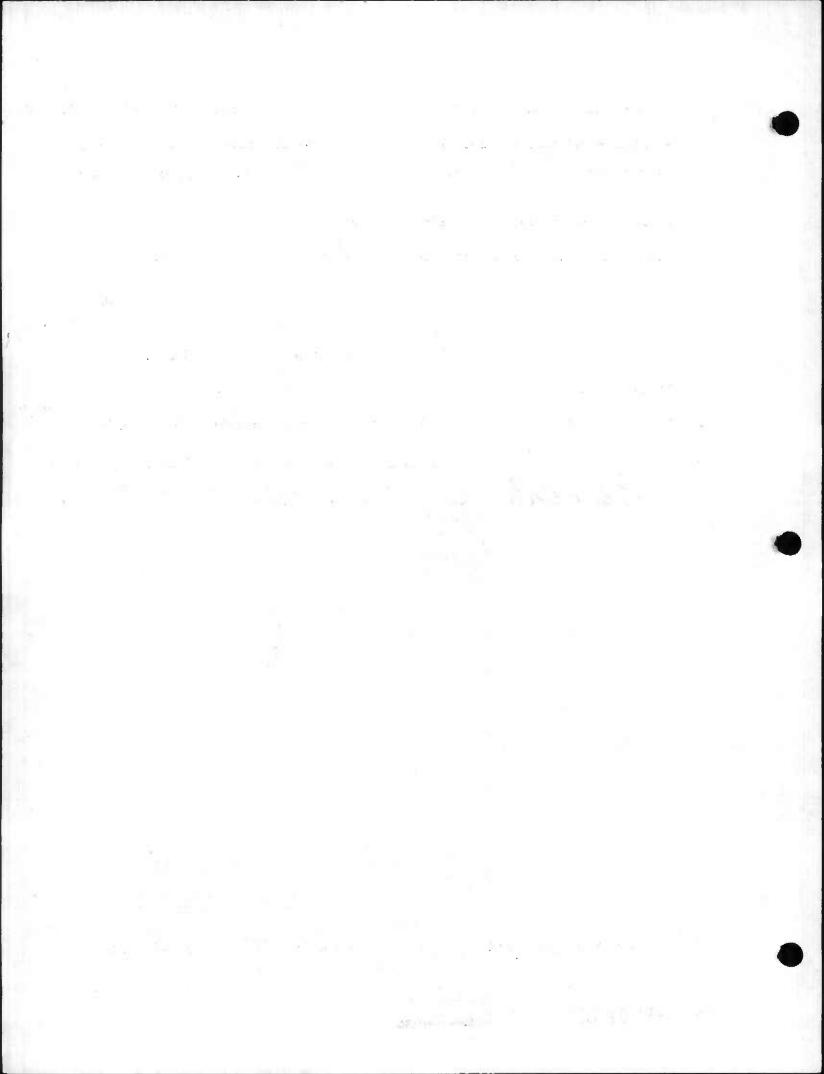
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						Certific	ate of	Death		Reg. No.			
			1. Decedent's Name (First, Middla, La	st)					2. Dete of De	eth	Maria	3. Tim	e of Death
ı	Physic /Medi		Wilson G.	Crow	e				July	Day 1 9	996	3:0	MAO
	Exami		4a. Fecility Neme (If not institution, giv	a street and number)				4b. City, Town, or			ty of Death		01111
			The Pines					East	on	т:	albot	-	
	Funeral	г	Social Security Number 6. S		(In yrs. last bir	thday) If Un Mont	hs Deys	If Under 24 Hrs	8. Date of Bir	th Year)		place (Sta	ta or Foreign
	Director		213-22-7566 Usuel Residence of Decedent	ØM 2□F	77	Yrs.		110010	04/22	/19		ylar	nd
	work		10a. State 10b. County		10c. City, Tow	n or Location					1	10d, Inside	e City Limits
	e Ma	cto	MD Carol	ine			Fed	eralsbu	ırg			1 🔯 Y	res 2□ No
	ith th	Funeral Director	10e. Street and Number			10f.	Zip Code			10g. Citizen of	What Cour	ntry?	
	23a	je	215 Maple Ave	nue				21632		United	Sta	tes	
	oep .	Ine	11. Maritel Status	12. Was Decedent E Armed Forces?	ver in U,S.	13. Was De	ecedent of	Hispanic Origin? (S pan, Mexican, Pue	Specify Yes or No	- 14. Re	ack, White.		١,
0200-91212	be filed within 72 hours efter deeth with the Marylend tial Hyglene. d other than "natural", or items 23a or 28a-f show event, the Medical Examinet must be notified at	by	1 Never Merried 2X Merried 3 Widowed 4 Divorced	1 ☐ Yes 2 ☐ (No If Yes, Give Year or Detes:	0		s 2 XNo		10 1 10411, 010.)	Spec	116	ite	
2-0	72 ho	Completed	15. Decedent's Ed (Specify only highast gra		16a.	Decedent's U	Jsual Occu	pation during most of we	utina	18b. Kind of	Business/In	dustry	
7	thin o	pje	Elementary/Secondery (0-12)	College (1-4or 5-	-)	lifa. DO NO	T usa ratire	during most or wo	rking				
	ygien Ygien f, the	S	4			Carpe	nter			Lumbe		mpar	n y
ב	12 should be filed within h end Mental Hygiene. 'Is marked other than' traumatic event, the Me	Be	17. Fathar's Name (First, Middle, Last)						me (First, Middla,		,		
<u>8</u>	Men Men Men Men Men Men Men Men Men Men	2	Harry Geo					Naomi	Lena M	ae Fau	lkne	r Cr	NO
Maryland	d 2 should thend Men 7 is marke traumatic		19a. tntormant's Name/Raiationship (and Number or R					
	of Health item 27		Carmon F. Cro	we				Ave., F					
0			20a. Method of Disposition 1 ☐ Burlai 2 ☐ Cremation 3 ☐	Removal from State	cemata	f Disposition (ny, crematory (or other pla		Date	20c. Location			
	Part:		4 ☐ Donetion 5 ☐ Other (Specify		Cambr	idge	Crem	atory	7/1/96	Cambr	idge	, M[)
Baltimore,	permit. Pages Department of Important: If it any Injury or once.		21. Signature of Funeral Service Licen	see mu		Fram	ptom	ess of Fecility - Hawkin	s-Esko	w Fune	ral	Home	9
	_		23a. Pert1. Enter the disease, or companies shock, or heart tallure. List only	ollcations that caused t	the death. Do	not enter the n	OX 4 node of dy	3, Fede	ralsbu	rg, MU	216	3 2 Approxir	mate
	Physician		shock, or heart tallure. List only	one cause on each line	9.	,		,	************			Intervel	Between nd Deeth
į.	/Medical		Immediate Cause (Final disease or condition	lan	ap divi	100	it.	1 Tures				1-7.	nonethic
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	cuted nd ransi	Examiner	Sequentially list conditions.	0.	ue to (or as a	9		10000				1	
S,	e exe	Ä	Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Ceuse (Disease or Injury				,						
00/00	certificate be executed nding physician and use as the burial-transit	edicai	that initiated events resulting in death) Last	C	ue to (or es e	consequence	of):				<u> </u>		
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DOX	attendii for use	ary		d									
	the death y the atter sched for u	SIC	Pert II. Other significant conditions of			the underlyin	ng cause gi	ven in Pert i.	23b. Did	tobacco use c	ontribute 1	o the cau	se of death
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ō	ector, pag		25. Was case reterred to medical					00.71	101	,	11.	☐ Yes 2	2 No
or vital necord		To Be	examinar?	Hospital:	• • • • • • • • • • • • • • • • • • •	anations 20	DOA OI	her	ath (Check only o			4.1	
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5	th. : After e fune	tio	Natural 5 Pending Investigation		Year) I	njury M		rk? Yes 2∐ No					
5	l or Attending efter death. Director: After d in by the fune	Certification:	3 Suicide 8 Could not be datarmined	28a. Placa of tnjur building, etc.	y - At home, fa (Spacify)	rm, street, tac	tory, offica		28t. Location (: City or Tox		ber or Rura	n/ Routa ∧	lumber,
	To the Hospital or Attending Ph within 24 hours either death. To the Funeral Director: After th completely filled in by the funeral	edicai C	29a. Certifier (Check only one) 1 Certifying Phy 2 Medicat Exam	vatcian: To the best of iner: On the basis of e and menner state	xamination and	, death occurr d/or investigat	red at the ti	me, date and place	a, and due to the urred at the time,	cause(s) and n	nanner as s	tated. o the caus	se(s)
	To the within 2 To the comple	Z E	29b. Signature and title of certifier	and meriner state			29c. Licens	se number		29d. Dete sign	ed (Month	Day You	r)
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			11110	200000000	V1.30		1/	0111		/	1	,	
			30. Name and addrass of person who o	completed cause of dea	ith (Item 23a) (Type, Print)	dila	uc, Ea.	etan 1.	カフリ	100		
			1 Des Mad III I Day	1 2003	NIEW.	11/	VEN	ue, ch	ין נוטוי	1000	01		
	Sta	ite	31. Date tiled (Month, Day, Year)	32. Registrar	Signature	-Randale	ino						

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					Cer	tificate of	Death		Reg. No.		
Physic		Decedent's Nama (First, Middle, La: HILDEGARDE	,	ARK				2. Date of [Month	Day	Yeer 1.006	3. Time of Death
/Medi		4e. Facility Name (If not institution, give		ANN			4h City Town	JULY or Location of Dec	1	1996 ity of Deeth	7:10 PM
Exami	ner			. 1							
	_	Washington Adve: 5. Social Security Number 6. S		Ltal (In yrs. lest bir	th do. d	If Under 1 Year	Takon If Under 24	a Park			eorges
Funeral			□M 2ÅF		Yrs.	Months Days		Ain. (Month, I	Dev. Year)	9. Birthp	place (State or Foreign htry)
Director		Usual Residence of Decadant		75				Oct.	9,1920	Germ	lany
72 hours after death with the Manyland netural", or items 23s or 28s-f show lical Examiner must be notified at		10a. Stata 10b. County		10c. City, Tow	n or Loc	cation				1	I Od. Inside City Limits
d sh	0	Maryland Montg	omo wii	C41***	- C.	nrino					1 ☐ Yas 2 ☒ No
288	Director	Maryland Montg	omery	Silve	ı S	10f. Zip Coda			40- 00	(145-40-	
a or 28a-f show			D + 6	. /10			0.6		10g. Citizen of		ntry?
s 23	ra	15100 Interlache	-			209			USA		
E P	Funeral	11. Maritel Status	12. Wes Decedent Ev Armed Forces?		13. W	as Decedent of F Yes, specify Cubi	lispanic Origin' an, Mexican, P	(Specify Yes or Nuerto Rican, etc.)	lo- 14. Ra Bl	aca - Americ leck, White,	
ò	by F	1 ☐ Never Married 2 ② Married 3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 2 No if Yes, Give		1	☐ Yes 2 No	Specify:		Spec	ify: 1,11	hite
a. an "natural", or items 23a Medical Examiner must b	D D		Year or Dates:								
na di	Completed	15. Decedent's Ed (Specify only highest gre	lucation de completed)	16a.	(Give k	ent's Usual Occup kind of work done O NOT use retired	ation during most of	working	16b. Kind of	Businass/Ind	dustry
then then	d L	Elementary/Secondary (0-12)	College (1-4or 5+)	,							
D -		12			Deni	tal Assi			Denta.		
- 0 -	Be	17. Father's Name (First, Middle, Last)						Name (First, Midd	le, Maiden Surne	me)	
marked matic e	2	Charles Hein					Dora	0ertel			
E L		19a. informant's Name/Ralationship (7	Type, Print)	19b	. Malling	Addrass (Street	and Number o	r Rural Route Num	ber, City or Town	n, State, Zip	Code) 2090
Health em 27 I	-	Robert S. Clark						. Apt.410), Silve	r Spr	ing, MD
		20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremation 3 ☐	Demouslane State	20b. Placa of cemeter	Dispos ry, cremi	ition (Name of etory or other pled	ce)	Dete	20c. Location	- City or To	own, State
int:		4 □ Donetion 5 □ Othar (Specify				tan Crem		7/5/96	Alexand	iria.	Virginia
		21. Signature of Pureral Service Licen	500		22.	Name and Addre	ss of Fecility				,1151111
any ir		1 Hohuts	Ra		Fra	ancis J.	Collin	s Funera	1 Home,	Inc.	
		23a. Pert1. Enter the disease, or comp	nications that caused th	ne death I						cing,	MD 20901 Approximete
volelen		shock, or heart failura. List only	one cause on each line.	0		, are those or ay	·g, 00011 00 041	and or roop notory	011001,		Intervel Between Onset and Death
ysician ledicai		Immediete Cause (Final		MAGARI	N T A T	TURARAM					
aminer		disease or condition resulting In death)	a	MYOCARI	JIAL	INFARCT	TON				1 DAY
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nsit.	듣		D			RTERY DI	SEASE				
al-tra	Examiner	Sequentially list conditions, if eny, leading to immediate	Du	ue to (or as e o	consequ	ienca of):					
physician and s the burial-transit		Cause (Disaasa or Injury	C								
s the	/Medical	that Initiated events resulting In death) Last	Du	e to (or as a c	onsequ	ence of):					
nding physi usa as the b	M		d								
	Physiciar										
igned by the atte be detached for	ysi	Part II. Other significant conditions co	entributing to death but i	not resulting Ir	the unc	derlying causa giv	en In Part I.	23b. Di	tobacco uss c	ontribute to	the causs of death?
deta deta								10	Yss 2 No	3 Prob	bably 4 Unknown
Sign d be	by									T	
been si	tec								s an eutopsy formed?	ave	ere autopsy findings elieble prior to
2 6	Completed						7 107 10			of a	mpletion of cause death?
Da g	0							10	Yes 2XNo	. 10	☐Yes 2ĬĬNo
s certificate director, pag	Be	25. Was case referred to medical examiner?					26. Place of	Death (Check only	one)		
w 0	70	1 Yes 2 No	Hospital: 1 XInpatient	2□ ER/Ou	tpatient	3□ DOA Oth	er: 4 Nursin	g Home 5 ☐ Res	sidence 6 🗆 Ot	ther (Specifi	v)
ar th		27. Manner of Death	28a. Date of Injury (Month, Dey Y	28b. T		28c. Injur Wor			how Injury occu		
r: Aft	atio	1 ⚠ Natural 5 ☐ Pending 2 ☐ Accident investigation		oai) II	njury		Yes 2□No				
Director: After t d in by the funera	E C	3 ☐ Suicide 6 ☐ Could not be determined	286. Placa of Injury	- At home, fai	rm, stree	et, factory, offica	<u>.</u>	28f. Location	(Street and Num	ber or Rura	I Route Number,
i D	Certification:	4 Horriciae	building, etc. (Specify)				City or 1	own, State)		
y filler		29a. Certifier 1 Certifying Phy	sician: To the bast of n	ny knowledga,	death o	occurred at the tim	ne, date and ple	aca, and due to the	e cause(s) and m	nannar as st	tated.
To the Funeral Director: After completely filled in by the funer	edical	(Check only 2 Medical Exami	iner: On the basis of ax and manner stated	camination and	d/or Inva	stigation, in my o	pinlon, daath o	courred at the time	, data and place	, and dua to	tha causa(s)
To the	X	29b. Signature and title of certifier				29c, License	number	1	29d. Date sign	ed (Month, i	Day, Year)
- 0		Nothinia.	a Clipa	1 100	λ	777	03 4	4	7-5	-91	
^		30. Name/and address of person who c	amplet d	1100	<i>P</i>	المان		·	, ,	16	
U		Patricia A. Gurr					m ·				0.1.0
T		31. Date filed (Month, Dey, Year)	1y M.D. /6 32. Registrar's		LOTI	Avenue	Takom	a Park, 1	Maryland	20	912
Sta Registr		JUL 0 8 1996									
ricgisti		1 - 0 0 1330	Filia Varido	on-Rand	00						



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State of Maryland / Department of Health and Mental Hygiene

					(Certificate of	Death		Reg. No.		
	Physic /Medi Examir	cal	1. Decedent's Neme (First, Middle, Last LRTRUDE 4e. Facility Neme (If not institution, give SHADY GROVE A	street end number)	SPI		4b. City, Town, or ROCKVII	2. Dete of Dee Month JULY Location of Deeth	Day /		3. Time of Death 2 : 184 . A
	Funeral Director		2/2-34-1999	x 7. Age (<i>In yrs</i> . ☐ M 2⊠ F 88	lest birth Y	Months Devs	If Under 24 Hrs Hours Min	(Month, De	, Yeer) 1, 1907	9. Birthple Count Oh:	ece (Stete or Foreign ry) 10
	Maryland H show	tor	Usuel Residence of Decedent 10a. Stete 10b. County Maryland Montgom		y, Town	Bethesda				10	d. Inside City Limits 1 ☐ Yes 2 🎇 No
	or 284	Director	10e. Street end Number			10f. Zip Code			10g. Citizen of V	Whet Count	ry?
	23a	rai	6017 Henning Str	eet		20817			United	d Sta	tes
020	permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Depertment of Health end Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, tra Medical Examination must be notified at once.	by Funeral	11. Maritel Stetus 1 ☐ Never Merried 2 ☐ Merried 3 ☒ Widowed 4 ☐ Divorced	12. Wes Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes:	,S.	13. Wes Decedent of H If Yes, specify Cuba 1 ☐ Yes 2 ☑ No	lispanic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)	14. Rec Bled Specify	e - America ck, White, e	tc.
21215-0020	hin 72 ho e. In *natur Medical	Completed	15. Decedent's Edu (Specify only highest grad Elementery/Secondery (0-12)	cation le com <i>pleted)</i> College (1-4or 5+)	16e. E	ecedent's Usuel Occup Give kind of work done ife. DO NOT use retire	pation during most of wo d)	rking	16b. Kind of Bu	usiness/Indi	ıstry
	diener diener	00	12		Pra	ctical Nur	se		Hos	pital	
Maryland	d oth	Be (17. Father's Neme (First, Middle, Last)					me (First, Middle,		ne)	
$\frac{2}{3}$	Men	٦ ک	Thomas Vesy					es Flemi			
Mar	l 2 sh end ia m raum		19e. Informent's Neme/Reletionship (T)			Meiling Address (Street					
	l end Health		Joan Paschal/daugh 20a. Method of Disposition			21 Pelham R Disposition (Name of					
altimore,	Peges ment of I ant: If its ury or o		1 X Burlel 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify)	Removel from State	emetery,	cremetory or other plea y Cemetery		3, 1996	Youngst	own,	Ohio
Ball	Depending Depending Import any injury		21. Signature of Funerel Service Licans	M0019	98	22. Name end Addre Robert A. 7557 Wisc Bethesda,	onsin Av	enue		ethes Cha	da-Chevy se, Inc.
Ţ	Physician		23a. Pert1. Enter the diseese, or compl shock, or heert failure. List only or	icetions that caused the deet ne ceuse on eech line.	h. Do no	t enter the mode of dyir	ng, such es cardle	c or respiretory er	rest,		Approximete Interval Between Onset end Death
	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting in deeth)	. CONGESTI		HEART	FAILUR	?E			YEARS
	D #	Iner	_	UROSEP							DAY
ox 68760,	eath certificete be executed ettending physician and for use es the burial-trensit	√Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest	DIABET	raseco	nsequence of): MELL 17 nsequenca of):	rus				YEARS
Bo	etten of for u	clar	Don't II. Oakoo alimatela ana distance								
P.O.	requires that the death ce seen signed by the ettendi should be deteched for use	y Physician	Pert II. Other significant conditione cor	ntributing to death but not res	uiting in t	ne underlying cause giv	/en in Pert I.				the cause of death?
Records,	e law requires hes been sign je 2 should be	Completed by							en eutopsy med?	con of d	re autopsy findings lleble prior to apletion of cause eeth?
la		Be C	25. Was case referred to medical				26. Plece of De	eth (Check only o			
>	nysici nis ce I direc	To	examiner? 1 ☐ Yes 2尺No	lospital: 1 🔼 Inpatient 2 🗆	ER/Outp	etient 3 DOA Oth	ner: 4 Nursing I	-lome 5 ☐ Resid	lence 6 🗆 Oth	er (Specify,)
Division of Vital	Attending Physician: or death. octor: After this certific by the funeral director,		27. Menner of Deeth 1 Neturel 2 Accident 5 Pending investigation	28e. Date of tnjury (Month, Dey Year)	28b. Tir Inj	Jry Wo	ry et rk? Yes 2 ☐ No	28d. Describe h	ow Injury occurr	red	
Ď N	recipied h	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homlcide determined	28e. Pleca of Injury - At he building, etc. (Specif.	ome, fam	n, street, fectory, offica		28f. Location (S City or Tow	Street end Numb n, Stete)	er or Rural	Route Number,
	To the Hospital or At within 24 hours after or To the Funeral Direct completely filled in by	edical	29a. Certifier (Check only one) 1 Certifying Physical Exemination (Check only one) 1 Madical Exemination (Check only one)	stcien: To the best of my kno ner: On the basis of exemine end manner steted.	wledge, of the transfer of the	death occurred et the tir or Investigetion, in my o	me, dete end place opinion, deeth occi	a, end due to the durred et the time,	ceuse(s) end me date end place,	enner es ste end due to	ited. the cause(s)
b	With With Total	Σ	29b. Signeture end title of cartifier	da i	ans.	29c. Licens	1 18 6	_	July	d (Month, E	1996
		- 1									

State

Registrar

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)
KANAN HUDHUD, MD 481 N. FREDERICK AVE #231 GAITHERS BURG, MD 20874

31. Date filed (Month, Dey, Yeer)

JUL 1 2 1996

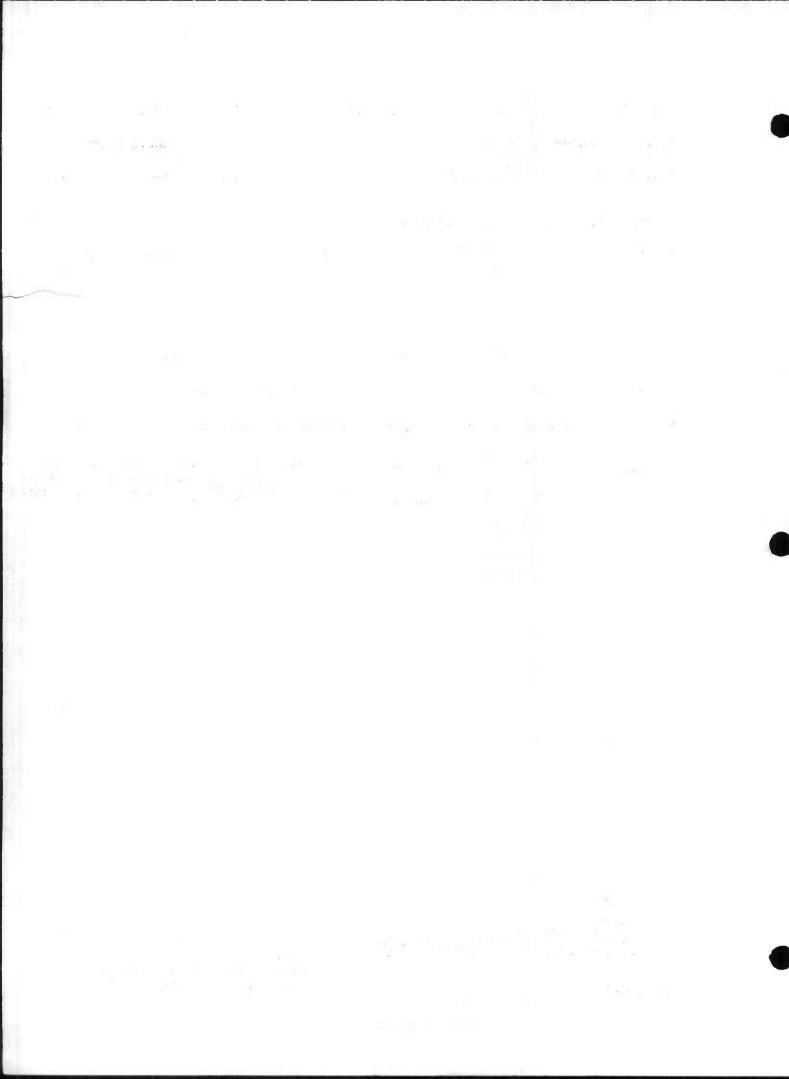
32. Registrer's Signeture



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					, , , , , ,	Cert	ificate d	of Death		Reg. No.			
			1. Decedant's Name (First, Middla, L	ast)					2. Data of D	eath	Wiles.	3. Tin	ne of Deeth
ы	Physic		ALEEN	М.		CO	OLEY		July :	Day 10, 1996	Yeer	3.	10PM
	/Medi Examii		4e. Fecility Nama (If not institution, gr)	00	OLLI	4b. City, Town, or]]	10111
	- Addiiii		6014 Melvern Dr:	ive				Bethesd	2	Mont	gomer	C 3.7	
Н	Funeral				ga (In yrs. I	ast birthday)	If Under 1 Y	ear If Undar 24 Hrs			~	4	ata or Foreign
	Director		579-24-4398 Usuel Rasidanca of Dacedent	1□M 2∏F	70	Yrs.	Months Da	ays Hours Min		ay, Year) 7, 1926		v You	ata o <i>r Foreig</i> n rk
	faryland	J.	10a. Stata 10b. County			, Town or Loca	ation				1		da City Limits Yes 2 No
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Exami		4a. Facility Neme (If no	t Institution, give	e street end numb	per)			4	b. City, Town	n, or Locat	ion of Death	4c. County	of Deeth	
		802 Dale	Road						Glen :	Burni	e	Anne	Arund	le1
Funeral Director		5. Social Security Number 579-44-996	7 1	ex 7. □M 2⊠F	Age (In yrs.	last birthdey) Yrs.	If Under Months		If Under 24 Hours	Min. 8.	Dete of Birth (Month, Day, lay 14,	Year) 1896	9. Birthp Coun Italy	olece (Stete or Foreigntry)
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended #8, 7/9/96, MRT, Montg. Cty. Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Yeer 5, July 8:10 pm 1996 John Pau1 Corless /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Holy Cross Hospital Silver Spring Montgomery | H Under 1 Year | H Under 24 Hrs. | 8. Dete of Birth (Month), Day, Year) | Nov. 3, 19 5. Social Security Number 7. Aga (In yrs. last birthdey) Birthplece (Stata or Foraign Country) **Funeral** 10XM 20 F 88 1996 Yrs 171-07-5311 Pennsylvania Director 1907 Usual Rasidanca of Dacadent permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Heelth end Menfal Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once. 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 X No Directo MD Montgomery Silver Spring 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 20906 USA 3553 South Leisure World Blvd. #2C Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Black, White, atc. 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2X No If Yas, Giva Year or Detas: 1 Yas 2 No Specify: White Specify: þ 3 Midowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grade complated) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Pharmacist Pharmacy 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Meldan Surnama) Be William Corless Amelia Erwin 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) John Paul Corless, Jr. 14522 Woodcrest Drive, Rockville, MD 20853-2370 20b. Plece of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Data 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removel from Stata 4 □ Donation 5 □ Other (Specify) Metropolitan Cemetery 7/7/96 Alexandria, Virginia 22. Nome end Addrass of Facility Francis J. Collins Funeral Home, Inc. 500 University Boulevard 21. Signature of Funarel Service Licensee West, Silver Spring, MD imorling of 20901 23a. Part1. Entar the disease, or complications that caused the deeth. Do not anter the mode of dylng, such es cardiac or respiretory errest, shock, or heer feilure. List only one cause on each line. Approximate Intarval Between Onset end Death **Physician** /Medical Immediete Ceusa (Final disease or condition rasulting in death) ischemia . Mesenterie Examiner Due to (or as a consequence of): Examiner pheral vascular requires that the deeth certificete be executed physician and the buriel-transit Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Disaese or injury that initiated events C. dificile colitis Physician/Medical Dua to (or es e consequence of rasulting in death) Lest 88 980 ğ Pert II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part I. ed by the s detached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Prostate concer by 24b. Wara autopsy findings evailable prior to complation of causa of daath? 24a. Was an eutopsy performed? Completed FAILURE peed certificate has 1 Yas 2 No 1 Yes 2DNo director, 25. Was case refarred to medical axaminar? Be 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 1 Yes 2 No 2 1 Impatiant 2 ER/Outpatient 3 DOA this 28a. Deta of tnjury (Month, Day Year) uneral 27. Manney of Death 28b. Tima of tnjury : After t 28c. Injury at Work? 28d. Describe how injury occurred Certification: Attending 1 Natural 5 Panding invastigation 1 Yes 2 No 2 Accident the 3 ☐ Suicida 6 Could not be detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Plece of Injury - At home, farm, street, factory, office building, atc. (Specify) 6 4 ☐ Homlcida

Box 68760. P.0. Division of Vital Records, if or Attending safter deeth. Hospital 24 hours Medical

3altimore, Maryland 21215-0020

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

29b. Signature and title of certifier

D36046

29c. Licansa number

29d. Dete signed (Month, Dey, Year)

30 Name and address of person who completed ause of deeth (Item 23a) (Type, Print) MERENDINO JR

GOCICULE, MI

State Registrar 29a. Certifier

(Check only one)

Date filed Month, Day, Year)

JUL 0 9 1996

32 Registrer's Signatura the Davidson

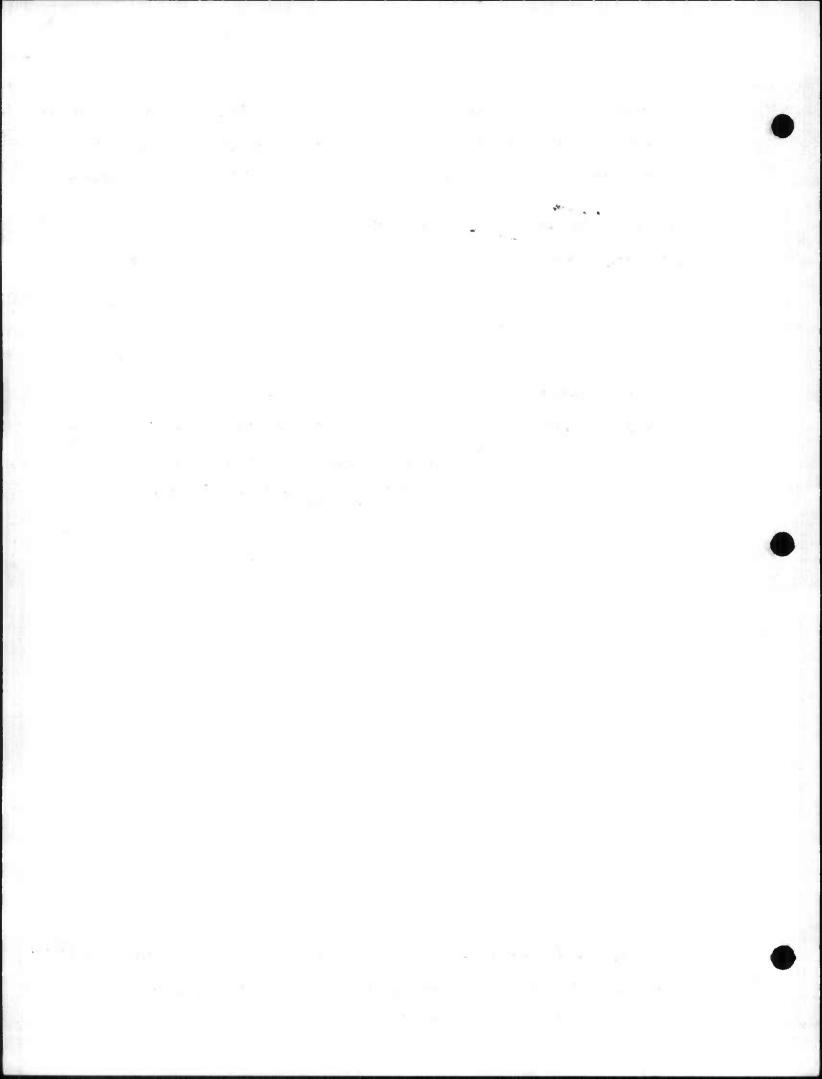
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	To the Hospital or Attanding Ph within 64 hours after death. To the Euneral Director: After th completely filled in by the funeral	edicai	29a. Certifiar 1 Certifying Phy (Check only 2 Medical Examone)	ysician: To the best of my k liner: On the basis of exami	nowledge, dee inetion end/or i	ern occurred et the ti investigetion, in my	me, dete end plece opinion, deeth occu	s, end due to the urred et the time,	dete and	and menner es piece, end due	stated. to the cause(s)
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			005 - 1 1330	1							

DHMH 16 Rev 6/95



Ammended Harford County Health Dept. 7/1.8/96 KDG Line 1.8 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Year 22 055 0710 1996 July /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Havre ac State of Birth (Month, Day, Year) April 5, 1909 North Carolina Harford Memorial Hospital 5. Sociel Security Number 7. Age (In yrs. lest birthdey) **Funeral** 10XM 2□ F 180-09-3993 Yrs. Director 87 Usuel Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or itema 23s or 28a-f shov traumstic event, the Modical Examinar must be notified as 1 ☐ Yes 2X No Directo Maryland Harford Havre de Grace 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 113 Robin Hood Rd. 21078 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ⊠ Yes 2 □ No If Yes, Give Yeer or Detes: WWI Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours efter Hygiene. 1 Never Merried 2 Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: ρ Specify: 3 Widowed 4 Divorced White WII Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry d 2 should be filed within the and Mental Hygiene. 7 Is marked other than 1 Elementery/Secondery (0-12) College (1-4or 5+) 8 Crane Operator US Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surneme) Be Rowan Floyd Caudil1 Sarah Trances McBride 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 a Department of Heelth ar Important: If item 27 le any Injury or other treu C. Bruce Caudill - Son 4226 Webster Rd., Havre de Grace, Md. 21078 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 XBuriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Bel Air Memorial Gardens 7-12-96 Bel Air, Maryland 21. Signeture of Fuperal Service Licenses 22. Name end Address of Fecility Howard K. McComas III Funeral Home, P.A. 50 W. Broadway St., Bel Air, Md. 21014 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or hear feiture. List only one cause of each line. Approximete Interval Between Onset end Deeth Physician /Medical Immediete Cause (Finel Memorial diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): physician and s the burial-transit The lew requires that the deeth certificete be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting In deeth) Last Due to (or as a consequence of): Physician/Medical Due to (or es e consequence of): attending p Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Were autopsy findings eveileble prior to 24e. Wes en autopsy completion of cause of deeth? page 2 certificate hes 1 Yes Be 25. Wes case referred to medical 26. Place of Death (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA 2 1 No

P.O. Box 68760. Records, Division of Vital Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certificately filled in by the funeral director. To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b

28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 5 Pending Investigation Neturel Accident 1 Yes 2 No 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homlcide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) and menner es steted.
2 Medical Examiner: On the best of exeminetion end/or investigation, in my opinion, death occurred et the time, dete end plece, end due to the cause(s) and manner steted. 29a. Cartifier 29b. Signeture end title of certain 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme and address of page 31. Dete filed (Month. Dev. Year) 0 1996

28d. Describe how injury occurred

28b. Time of

State Registrar

2

Medical Certification:

1 Yes 27. Menner of Death

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible, State of Marvland / Department of Health and Mental Hygiene

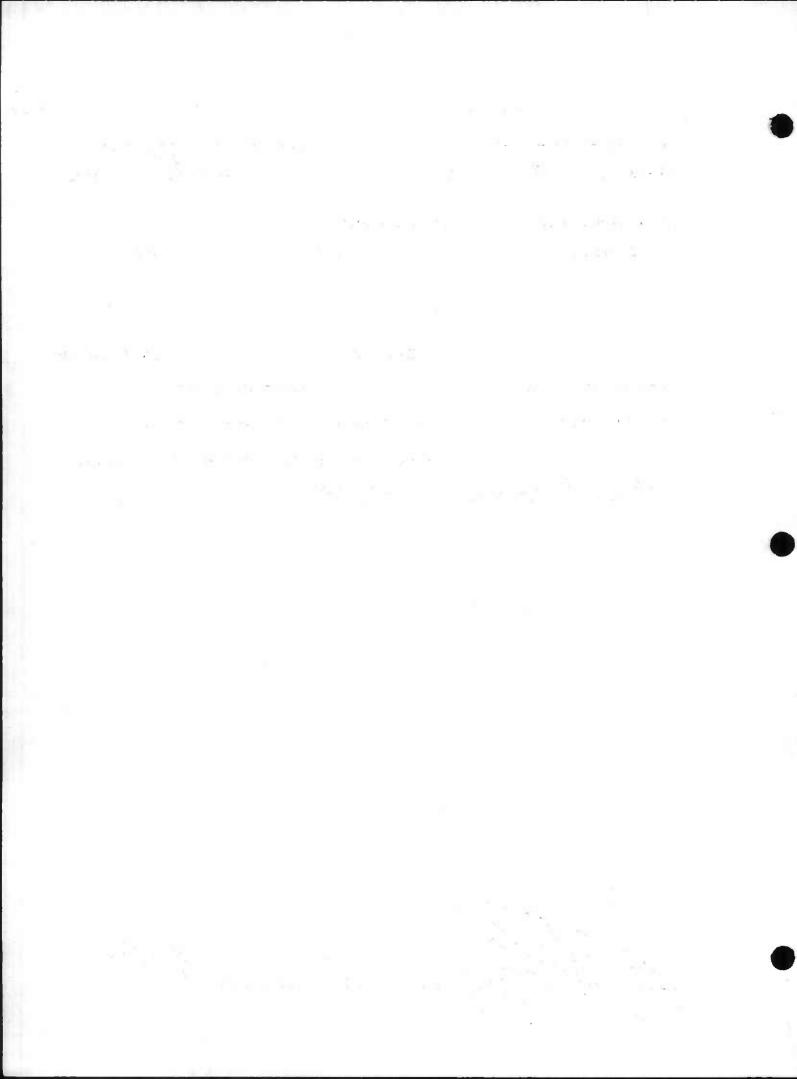
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	amine		4a. Facility Nama (If not institution, g	iva street and numbe	r)				4	b. City, Town,	or Location of De	ath 4	c. County	of Death		
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DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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	Physic /Medi		Charles W.	Cox, Sr	•						07			0830 a
	Exami		4a. Facility Name (If not institution, give	e street end number)					4b. City, To	own, or Lo	cation of Death	4c. Count	y of Death	
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	Funeral Director		377-03-3733	Car off	(In yrs. le 78	est birthday) Yrs.	If Undar Months	1 Year Deys		24 Hrs. Min.	8. Dete of Birth (Month, Dey, 07-09-	July 18	9. Birthpie Countr Mary]	eca (Stata or Foreig ry) Land
	and *		Usual Residence of Decadent 10e. Stete 10b. County		10c. City	, Town or Lo	ocation						10	d. Insida City Limits
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	ath with t	rai Dir	Rt. 2 Box 90				10f. Zip		622		11	0g. Citizen ot US.		ry?
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yla	Ment Ment arked	10	George Nalley C	OX					Hel	en E	laine Be	erry		
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Baltimore,	permit. Peges 1 end 2 Department of Heelth e Important: If item 27 is any injury or other tre once.		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		Ce	metery, cre	osition (Nam matory or ot d Vete	her ple		em.	7-17-96	chelte		
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	he ette	Physician/	Part II. Other significant conditions co	entributing to death but	not resul	lting in the u	inderlying ca	use gi	ven in Part	l.	23b. Did to	bacco use co	ontribute to	the cause of death
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ion o	Attending Proceeds of death.		27. Manner of Death 1 Neturel 5 Pending 2 Accident investigation	28e. Pata ot Injury (Month, Dey	Year)	28b. Time o injury	M 28	Bc. Inju Wo 1 [ryet ork?]Yes 2□		28d. Describe ho	w injury occu	rred	
Division	교육등	Certification:	3 Sulcide 6 Could not be determined	28e. Pleca ot Injury building, etc.	y - At hor (Specify)	ne, term, st	reet, tectory,	offica		2	28t. Location (Sti City or Town		ber or Rural	Route Number,
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	To the Ho within 24 I To the Fu completely	M	29b. Signature and title of counter	/	-		29c.	Licens	se number		29	d. Date signe	d (Month, D	ey, Year)
			1	1			1	19	9917	7		7/14	196	
			30. Name and address of person who o	ompleted cause of dea	(item	23e) (Type,	Print) Wool	1 1		,		111	-	
			JAMES OF BOY	DX	B	USH	W00]	D	MA	LYLI	AND	n 10		
	Sta	ite	31. Date filed (Mooth, Day, Year) 5	1996 32 Register	Signatu	ure.	6.11							

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Amended Item #8 7/17/96 bam Cecil County Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. 21873

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ľ	Physic	ian	Decedant's Nama (First, Middle DECEMBER 1. DE				rimoun	0 01 1	Doain		2. Data of Date	Day	Yaar	3. Tima of Death
S.	/Medi	cal	RICHARD LEE C						th City To	um or Le	JULY 1	2, 1996		8:15am
7	Exami	ner	4a. Facility Nama (If not Institution 757 JACKSON B	-	*			1		LKTO			ECIL	
H	Funeral		5. Social Security Number			last birthday	If Under		If Undar:					e (Stata or Foreign
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	the Marylar 28a-f show notified at	6	MD CECI	т		LKTON	ocation						100.	fnsida City Limits 1 Yas 2 No
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	ath with the Maryle 23a or 28a-f shores	D	757 JACKSON HAL	L SCHOOL R	D.		1111	2192	1			USA		
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i i	Pag ment ant: h		4 Donation 5 Othar (Sp	pecify) ENTOMBM	ÏENT	GRACE	LAWN 1	1EMO	RIAL	PK.	07/15/9	6 NEW C	CASTLE,	DE
Baltimore, I	permit. Pag Department important: If any injury o		21. Signature of Funaral Sarvice L	Licensee		2	2. Nama an							
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,	axacu n and al-tra	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	T'A		or as a conse CLEROT		A DTF	DTCEA	CF			10	VDC
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9	tificete ng phys es the	Medi	resulting in death) Last		Dua to to	as a conse	quarico ory.						1	
Вох	eath certific attending pl	an/A	`	d									1	
	e dea the at hed fo	Physician/Med	Part II. Other significant condition	ns contributing to deat	h but not ras	ulting In tha u	ındariying c	eusa giv	en in Part I		23b. Dfd 1	obacco use co	ontribute to th	e cause of death?
P.0	es thet the de igned by the a be detached			N/	΄ Α						10	Yes 2 No	3 Probab	oly 4 Unknown
Vital Records,	signe d be	d by									24a Was	an autopsy	24b. Wara	autopsy findings
COL	v require been si should I	Completed									perfo	med?	availa	ble prior to lation of cause
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Siol	Attending or death. ector: After by the fune	atic	2 Accidant Invastig	ation		,,	М		Yas 2□	No				
Division	ai or Attending P s after death. i Director: After t d in by the funers	Certification:	3 ☐ Suicida 6 ☐ Could n 4 ☐ Homlolda datarmi	ned 288. Place of	28a. Place of Injury - At homa, farm, street, factory, office bullding, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)									
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	edical (29a. Certifiar 1 Certifying (Check only one) 1 Medicaf E	Physician: To the be examiner: On the basis	s of axamina	owledga, daat ation and/or in	h occurrad a	at tha tin in my o	na, data an pinion, daa	d piace, th occurr	and dua to tha ed at tha tima,	causa(s) and m data and place,	annar as state and dua to th	ed. a ceuse(s)
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	12 TIA		30. Nama and addrass of person v	who complated ceusa	of death (Itan	n 23a) (Type,	Print)							
	100		Michael B. Pet	ters, M.D.	1941	Limest	one R	oad	Wilmi	ngto	n, Dela	ware 1	9808	

Registrar

RICHARD L. COLLINS

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

21874

					Ce	rtificate o	f Death		Reg. No.		
	Diversion	ion	1. Decedent's Nama (First, Middla, Las	*				2. Data of De	ath	3. Tima of Death	
J	Physician /Medical		Joseph Elwood	Cusic Jr.				July 9	,1996′	6:20pm	
1	Exami		4a. Facility Nama (If not institution, give Physician Memorial				4b. City, Town, or La Plata	Location of Deati	4c. County of Charle		
	Funeral Director		5. Social Security Number 6. Sa 2 1 5 - 3 8 - 3 4 0 2 Usual Rasidance of Decedant	ax 7. Aga (<i>lin yrs</i> . DXM 2□ F 5.7	last birthday) Yrs.	If Undar 1 Ya Months Day		8. Data of Bir (Month, Da April	th by, Yaar) 7, 193	9. Birthplaca (Stata or Foreign Country) 9 M D	
	Maryland H show	tor	10a. Stata 10b. County MD Charle		y, Town or Lo		-			10d. Insida City Limits 1 ☐ Yas 2 ☐XNo	
	h with tha	al Director	10e. Street and Number P.O. Box 206 10			10f. Zip Code			10g. Citizen of Wh	at Country?	
020	permit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiane. Important: if them 27 is marked other than "natural", or items 23a or 28a-f show my hinty or other traumatic event, the Modical Examiner must be notified at a	by Funeral	11. Maritai Status 1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedant Evar In U. Armed Forcas? 1 Yas 2 No If Yas, Give Yaar or Datas:		Was Decedent of If Yas, specify Co	f Hispanic Origin? (S uban, Maxicen, Puarl lo Specify:	pecify Yas or No o Ricen, atc.)	Specify:	Amaricon Indian, Whita, atc. White	
21215-0020	filed within 72 ho Hygiane. ther than "natur int, the Medical	Completed	15. Decedant's Ed (Specify only highast grad Elementery/Secondary (0-12)	ucation da complated) College (1-4or 5+)	(Giva lifa.		supation na during most of wor red)	16b. Kind of Bus			
	Hygie Hygie offer t		17. Fathar's Nama (First, Middla, Last)		Sale	S	19 Mothade Nar	no /Firet Middle	Shoe Maldan Sumama)		
Maryland	Mental i Merital i arked of	Be c	Joseph Elwood	Cusic Sr			The second second	Ann W			
Z	2 should and Men is marke sumstic	70	19a. Informant's Name/Ralationship (7		19h Maili	na Address (Stre				teta Zin Code)	
ID.	1 and 2 s Haalth ar em 27 is rther trau		Arleen A. Gusi 20a Mathod of Disposition	c/Spouse				LaP1a Data	ta Rd.	LaPlaEa MB	
Baltimore	Pagas ment of mnt: If it		1 ☐ Surial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specify	namovamom Stata		sition (Nama of matory or other p f Peac			Helen,	A CONTRACTOR OF THE PARTY OF TH	
Balt	permit. Departm Importa any inju		21. Signature of Funeral Service Licent	Elfred.		2. Nama and Ado	The state of the s	iner F	uneral	Home, P.A.	
68760,	Physician and Medical Examiner as the burlar-transit as the burlar	Ical Examiner	23a. Part f. Entar tha disaasa, or com- shock, or haart failure. List only of Immediata Causa (Finel disaasa or condition rasulting in daath) Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in death) Last	a. Dua to (o	or as a consecutive as	quence of j	lying, such as cardiad	c or raspiratory a	rrast,	Approximata fintarval Between Onsat and Death	
Records, P.O. Box 68	The law requires that the death certificata be axecuted ata has been signed by the attending physician and page 2 should be deteched for use as the burial-transit	ted by Physician/Medical	Part II. Other algnificant conditions co	d		-	givan in Part I.	1 □	Yes 2. No 3	ibute to the cause of death? Probably 4 Unknown 24b. Were autopsy findings available prior to	
Reco	sician: The law r certificata hes be lirector, page 2 sh	Completed by		/		1)	5	10	Yes 2 No	completion of ceuse of deeth?	
Vital		Bec	25. Was casa rafarrad to medical axaminar?				26. Place of Dea	ath (Check only o			
of V	hysic li dire	10	1 ☐ Yas 2 ☑ No	Hospital: 1∰Înpatiant 2□	ER/Outpatier	nt 3□ DOA	Othar: 4□ Nursing H	oma 5 Rasi	dance 6 □Othar	(Specify)	
ion o	Attending Physicien: The is refeath. r death. ector: After this certificate he by the funeral director, page		27. Mannar of Death 1 ■Natural 5 □ Panding 2 □ Accidant invastigation	28a. Date of Injury (Month, Day Year)	28b. Tima o Injury	V	jury at /ork? □ Yas 2 □ No	28d. Dascribe	how Injury occurred		
Division	al or Attendi s after death. Il Director: A ad in by the fe	Certification:	3 ☐ Suicida 6 ☐ Couid not be 4 ☐ HomIcida detarmined	28a. Place of Injury - At ho building, etc. (Spacify	oma, farm, str	eat, factory, office	6	28f. Location (. City or To	Street and Number wn, Stata)	or Rural Routa Number,	
	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completaly filled in by the funer	edical (29a. Certifiar (Check only one) 1 ☐ Certifying Phy 2 ☐ Medical Exam	sician: To the best of my kno iner: On the basis of examinal and mannar stated.	wledge, daatt tion and/or In	n occurred at the vastigation, in m	time, dete end place y opinion, daath occu	, end due to the rred at tha tima,	causa(s) end menn data and piace, an	par as stated. d dua to tha cause(s)	
	To the To the comp	M	29b. Signature and title of ourtiller	Julikell.	Ami		08370		29d. Data signed (Month, Day, Year)	
			30. Nama and addrass of person who concerns the state of person wh	118 La Grange A	ve., P.(Print)		0 20646	, , , , ,	•	
	Sta	ite	31. Data filed (Month, Day, Year)	32. Registrar's Signa	tura						

Registrar

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		С										
1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH	AY	pare e	3. TIME OF DEATH	
Theresa Fay	C	lements					Jul	y 13,	1996	YEAR	08:58 a.	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UNDER 1 Y	EAR IF UNDE	ER 24 HRS.	7. DATE	OF BIRTH		8. BIRT	HPLACE (State or Foreign	
578-42-6146	1 - M 2 - F	63	YRS.	MONTHS D	AYS HOURS	MIN.		nber 22,	1932	Vir	ginia	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	OWN OR LOCAT	TION OF D		iber in,	-	NTY OF		
Co Manula Hanri	1											
St. Mary's Hospi	Lai			reo	nardto	WII			I St.	Ma	Ly S	
10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR I	LOCATION						10d. INSIDE CITY LIMITS?	
Maryland St	. Mary's		Le	onard	town						1 YES 2 X NO	
10e. STREET AND NUMBER			•		10f. ZIP COI	DE			10g. CIT	IZEN OF	WHAT COUNTRY?	
Route 2, Box 86-I)				20650	0			Unit	ed S	States	
11. MARITAL STATUS	12. WAS DECEDEN				S DECENDENT				e or No-	14. RAC	E - American Indian,	
1 Never Merried 2 X Married	IF YES, GIVE W	YES 2 X	NO		es, specify Cub YES 2 X NO			Rican, etc.)		Spec	ok, White, etc.	
3 Widowed 4 Divorced					-						White	
15. DECEDENT'S EDU (Specify only highest grade		16e, D	ECEDENT'S	USUAL OCCU	JPATION ing most of work	don.	160	. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+	- 10	le. Do NOT u	se retired.)	ng most of work	ung						
12			Homen	aker			n/a					
17. FATHER'S NAME (First, Middle, Last)					16. MO	THER'S NA	AME (First,	Middle, Melden	Sumame)			
George Simpson					B:	lancl	he	Cole				
19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (S	treet and Numb	er or Rural	Route Nun	ber, City or Tow	vn, State, Zi	p Code)		
Charles G. Clemen	nts	R	oute	2. Box	x 86-D	, Le	onaro	itown,	Mary	land	20650	
20e. METHOD OF DISPOSITION	. waarenaa	20b. PLACE	AND DATE	OF DISPOSITION	ON (Name of		DAT		_		own, State	
1 🗆 Buriel 2 🗶 Cremetion 3 🗆 Rem	ioval from State	Met.ror	rematory or c	ther place) Cremat	orv		July	v 15.199	6. Al	exand	ria, Virginia	
4 Donation 5 Other (Specify)						ESS OF FA	-	,,	,		,	
4 U Donation 5 U Other (Specify)	Mare 1			22. NA	ME AND ADDR							
SIGNATURE OF FUNEBALL SWICE	and	>					Bı				Home, P.A.	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

												3. TIME OF DEATH			
	Marv		Ellen				Count	Fiss			July 16,	YEAR	2:00 A M		
	4. SOCIAL SECURITY NUMBER	1	5. SEX				IF UNDER		IF UNDER	R 24 HRS.	7 DATE OF BIRTH	8. BIRTI	HPLACE (State or Foreign		
	219-90-6692		1 M 2 F	M 2 😡 F 79 Y			MONTHS DAYS HOUR			MIN.	(Month, Day, Year) Aug 30,	1016 Man		yland	
	9a. FACILITY NAME (If not instit	tution, give str	net and number)			-	9h CITY	TOWN	OR LOCATE	ON OF DE			NTY OF D	-	
œ	77 Coral Pla					- 1									
61	RESIDENCE OF DECE						ьег	хтпо	ton	Park		St	. Ma	ry's	
E I		Ob. COUNTY			1	10c. CITY	r, TOWN C	OR LOCA	TION					10d. INSIDE CITY	
DIRECTOR	Maryland	St. M	Mary's			Lex	king		Park					1 TYES 2 NO	
FUNERAL	100. STREET AND NUMBER 77 Coral Pla								7. ZIP COD					WHAT COUNTRY?	
ij		ace							2065	3			U.S.	Α.	
5	11. MARITAL STATUS		12. WAS DECEDER	T EVER IN	U.S. ARME	D					IIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No—	14. RAC Blac	E — American Indian, ik, White, etc.	
BY	1 Never Married 2 Mr 3 Wildowed 4 Divorce		IF YES, GIVE						2 X NO				Spec		
입		ENT'S EDUC			16s. DECE	DENT'S	USUAL O	CCUPATI	ON		16b. KIND OF BI	JSINESS/IN		Hack	
	(Specify only h Elementary/Secondary (0-12		College (1-4 or 5	4)	(Give life, Do	kind of w	ork done e retired.)	during me	ost of worki	ng					
립	7th Grade	'		"	Ho	omen	nakei	<u>r</u>			Own I	Iome			
COMPLETED	17. FATHER'S NAME (First, Midd	fle, Last)							18. MOT	HER'S NA	ME (First, Middle, Maide	n Surname)			
	Joseph		0.				urt:	is		Rose				Cole	
BE (19s. INFORMANT'S NAME (Type	e/Print)			19b. N	MAILING	ADDRESS	S (Street	and Numbe	r or Rural	Route Number, City or To	wn, State, Zi	p Code)	4.11	
5	Mary L. Mart	in			7	7 Cc	ral	Pla	ce,	Lexi	ngton Park	, MD	20	653	
	20s. METHOD OF DISPOSITION	N .			PLACE AND						DATE 20c. L	OCATION -	City or T	own, Stats	
	4 Donation 5 Other (S		IVEI Trom State	_ Im	macu.	Late	her place) Hea	art	of M	ary	7/19/96	Lexi	nato	n Park, MD	
	21. EIGHANUM OF FUMERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
	Mattingley-Gardiner Funeral Home, P.A.														
	22 PARY I Fotor the disc	uc,		wee	ine	7/	I P.	0.	Box	270.	Leonardto	OWD.	Mary	land 20650	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one ceuse on sech line. Approximate interval Between														
	IMMEDIATE CAUSE (Final disease or condition	l	0	, 4				0	12					Onset and Death	
	resulting in death)		1. PCC	Spine OR AS A	ater	سرب	1	The	ماصد	_					
				V				0	0 -	0.5	\ \ \ \ (-			0-01	
CERTIFICATION	Sequantieily list condition	CONSEQUI	abon I pour intake -							2 days.					
E	If any, leading to immedia cause. Enter UNDERLYIN	G	last	Left A & Rt. Henriplegia - x5 yrs - 5 yr.											
임	CAUSE (Disease or Injury that initiated events	1	DIVE TO	Left vit & Rt. Hemiplegia - x5 ys - 5 y.									- > Ju		
ΕI	reaulting in deeth) LAST		Parl	ستعا	1500	215		do	5000	200					
8			100												
AL	PART II. Other significent	conditions	contributing to	deeth bu	ut not res	ulting I	In the u	nderlyin	g ceuae	given in	Pert i. 24a. WAS A	N AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL											1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH?	
ME														1 YES 2 NO	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO VUNCERTAIN														
Y.	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL		- 1	26. PLACE	OF DEAT		_)						
Sic	1 YES 2 NO		HOSPITAL:	OSPITAL: OTHER: Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Masidence 6 Other (Specify)											
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)	1	26b, TIM	E OF URY	28c. IN	JURY AT		28d. DESCRIBE HOW	INJURY O	CURED		
BY F	1 Netural 5 Pe	ending vestigation	(INOTIAL)	Day, reary		1143	M		YES 2	NO					
0	2 Devlate	ould not be	26s. PLACE	OF INJURY	— At home	, farm, s	street, tac	tory, offic	CB		261, LOCATION (Street and Number or Rural Route Number,				
	4 Homicide de	ary)						City or Town, State)							
٦	29s. CERTIFIER 1 CERTIF	YING PHYSIC	CIAN: To the best of	of my knowle	edge, daeth	h occurre	ed at the t	time date	and place	a, and dus	to the cause(s) and m	enner se at	ted		
COMPLETE	anal													(s) and manner as stated.	
8	29b. SIGNATURE AND TITLE O														
8	Rica	B.	-44	ver					29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)			
2	30 NAME AND ADDRESS OF	PERSON WILL	11/			77) /5::	Drine)		()	200	351.		1/1	7/96 _	
	Rita Jhaveri, M.D. 100 Exploration Bldg, Lexington Park, MD 20653														
	31. DATE FILED (Month, Day, Ye	er)	32, REDISTR	ARIS SIGNA	ATURE A	<i>a</i> .a				91			, .		
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE ACTUALLY ACTUALLY 32. REGISTRAR'S SIGNATURE ACTUALLY ACTUALL														

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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9	L	13	1	- /
2	1	U	1	-

				C	Certificate of	Death	R	leg. No.				
Dhunia		1. Decedent's Name (First, Middle, Last)					2. Date of Dee Month	th Dey	Year	3. Time of Death		
Physici /Medi		GENE Aloysius	C	USIC	Sr.		July		1996	9:00 A.M		
Exami		4e. Fecility Name (if not institution, give s	treet end number)			4b. City, Town, or	Location of Death					
		St. Mary's Hos	spital			Leonard		St.	Mar	y's		
Funeral		5. Social Security Number 6. Sex	7. Age (In	yrs. last birtho	Months Days			Year)	9. Birthp	lace (State or Foreign try)		
Director		215-52-8049	48	Yrs			June 1					
pu *		Usual Residence of Decedent 10a. Stete 10b. County	100	c. City, Town o	r Location							
shor	-	MD St. Mar	V C						10	0d. Inside City Limits 1☐ Yes 2 No		
r 28a-f show	octo		y S	Holly								
or 2	Director	10e. Street and Number			10f. Zip Code		1	log. Citizen of V	What Coun	try?		
23a		Rt. 2 Box 532			21	0636		USA				
within 72 hours efter death with the Maryland ene. than "natural", or items 23a or 28a-f show he Madical Examiner must be notified at	Funeral	11. Meritel Status	Wes Decedent Ever Armed Forces?	in U,S.	Was Decedent of if Yes, specify Cub	Hispanic Origin? (S san, Mexicen, Puer	pecify Yes or No- to Ricen, etc.)	14. Rac	e - America			
of le	F	1 Never Married 2 Merried	1 ☐ Yes 2 ☐ No If Yes, Give		1 ☐ Yes 2 ☒ No		, , , , , , ,					
iral',	d by	3 ☐ Widowed 4 ☑ Divorced	Year or Dates:					Specify	Whit	. е		
natural',	Completed	15. Decedent's Educ (Specify only highest grade	etion completed)	16e. De	ecedent's Usual Occu	pation during most of wo	rkina	16b. Kind of Be	usiness/Ind	lustry		
ithin	idu	Elementery/Secondary (0-12)	College (1-4or 5+)		ive kind of work done e. DO NOT use retire	ed)		n 1	1			
77 75 12 18	ပ္ပ	11		P	lumber				ibing	3		
be filed tal Hygi d other event,	Be	17. Father's Name (First, Middle, Last)					me (First, Middle,			1.1		
Men	ဥ	James Carroll C	usic			Gertr	ude Ber	nadine	пал	LI		
d 2 should be filed th and Mental Hyg 7 Is marked othe traumatic event,		19a. Informant's Name/Relationship (Typ			ailing Address (Stree	t and Number or Ru	ural Route Number	r, City or Town,	Stete, Zip	Code)		
1 end Health em 27 I		Gene Aloysius C	usic, Jr/	Son R	t 2 Box	532 Hol	lywood,	MD 2	20636	5		
Jermit. Pages 1 end Appartment of Health Important: If Item 27 Imy Injury or other to		20a. Method of Disposition		Ob. Placa of Di cemetery,	sposition (Name of cremetory or other ple	ice)	Date	20c. Location -	City or To	wn, Stete		
permit. Pages Department of I Important: If ite any injury or of		1 XBurlel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	movel from State		ohn's Ce		7/19/96	Hol1	Lywoo	od, MD		
Separtment mportant: my injury		21. Signatura of Funeral Service Licenses	2011		22. Name end Addr							
Depa Impo any is		mil Da	2/9 1	1-	Mattingl	ey-Gard	iner Fu	neral	Home	e, P.A.		
- Vi	-	23a. Part1. Inter the disease, or complic shook or heart failure. List only one	Sparale	nez	P.Q. Box	270, L	eonardt	own, 1	lary	land 2065		
		shock or heart failure. List only one	cause on each line.	deeth. Do not	enter the mode of dy	ng, such as cardiad	or respiratory arr	est,		intervel Between Onset and Death		
Physician /Medical		immediate Cause (Final	0						1	Oriset and Doath		
Examiner		diseese or condition resulting in death)	leap		eony 1	ALLUK	20		1	Sec		
	-		Dúb	to (or as a con	sequence of:							
ted nsit	Examiner	b .		OPU)					YRS		
end ef-tre	Ха	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury										
certificate be execut nding physician end use as the bunel-tran	ie H	Cause (Disease or injury					1					
icate be executed physician end s the burief-trensit	edicai	that initieted events resulting in death) Last	Due t	to (or es a con	sequence of):				i			
500	2	d.							į			
death ce	lan								I			
0 0 2	Physician/	Part il. Other significant conditiona conti	ributing to death but not	t resulting In th	e underlying cause gi	ven in Part i.	23b. Did to	obacco use co	ntribute to	the cause of death?		
d by etec	F						1 🗆 Y	ee 2□ No	3 Prob	ably 4 Unknown		
requires thet the een signed by th hould be deteche	by									/\		
v require been sig should b	Completed						24a. Was a	n autopsy	24b. We	ere autopsy findings allable prior to		
8 8 8	pie								cor	npletion of cause death?		
0 - 0	E						1 🗆 Y	es 200 No	1 [Yes 20 No		
ilclan: The certificate rector, pag	BeC	25. Was case referred to medical				26 Piece of Dec	ath (Check only or			A.		
Physician: this certific ral director,	ToB	wwminer?	spitai:	2 ☐ ER/Outpa	tient DOA Ot	her	lome 5 Reside		as /Casaih	4)		
Phys r this eral di		Manner of Death	28a. Date of Injury (Month, Day Yea				28d. Describe h			"		
Attending or death. actor: After by the fune	를	1 Natural 5 Pending 2 Accident investigation	(Month, Dey Yea	ir) injui		vrk?]Yes 2∐No	and a second sec					
Attan dea ctor ctor	fica	3 ☐ Suicide 6 ☐ Could not be	28e. Place of injury -	28t. Location (Street and Number or Rural Route Number,								
or lefter Olre	Certification:	4 ☐ Homicide	building, etc. (Sp	pecify)	-		City or Town, Stete)					
To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: After this certific completely filled in by the funeral director,		29a. Certifier	plen: To the heat of my	knowledge de	noth accurred at the ti	me date and nines	and due to the e	ouse/s) and ma		ated		
Fun Fun	edicai		clan: To the best of my er: On the basis of exam									
thin mple	Me.	29b. Signature and title of certifier	and manner stated.		29c, Licen	ee oumber	1 2	Od Dete signe	d (Month I	Day Year)		
. ≱ L 8	-	A A	ma 1	2000			_ *	9d. Dete eigne				
			1 14	-451	DI	1285		1-	15 -	96:		
		30. Name and address of person who com										
			EONARDTOWN,									
Sta	te	31. Date tiled (Month, Dey, Year)	32 Registrar's S	ignature	10							
Registr	ar	18 1996	+ July Dave	war hand	2.26							

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month SHIRLEAN ROSETTA CALHOUN JULY 1996 14:00 PM /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY Hours Min. 6. Dete of Birth (Month Day, Year) If Under 1 Yeer 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** Deys 1 ☐ M 2 ☐ xF Vrs. 47 216-70-9509 Director MD Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show If item 27 is marked other than "naturel", or items 23a or 28a-f show or other traumstic event, the Madical Examiner shart be notified at 1 Yes 2 No Director Lexington Park Marys 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? P.O. Box 254, 20653 permit. Pages 1 and 2 should be filed within 72 hours aftar daath v Department of Health and Mantal Hygiena. Important: If item 27 is marked other than "naturel", or items 23 eny injury or other traumatic event, the Medical Experience 2006. Brighton Ave. U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 K No Specify: Specify: Black ρ 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Child Care Day Care Provider 10 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Amanda Lucille Barnes Ernest Webster Dyson 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)
Park, MD . 20653
O. Box 254. 9 Brighton Ave.; Lexington 19e. Informent's Neme/Reletionship (Type, Print) Park, Ave.; Box 254, P.O. James T. Calhoun/Spouse 20b. Place of Disposition (Name of cametery, cremetory or other placa) 20e. Method of Disposition 20c. Location - City or Town, State Dete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 7/10/96 Charles Memorial 4 ☐ Donetion 5 ☐ Other (Specify) Leonardtown 21. Signature of Funerel Service Licensee 22. Neme end Address of Fecility Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Maryland 20650

Cations that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest,

Approximate Interval Between 23a. Pert1. Enter the disease, or complice shock or heart feilure. List only one Approximete Interval Between Onset and Death **Physician** /Medicai Immediete Cause (Final diseese or condition resulting in death) Examiner Examiner Hepatic fail attending physician and for use as the burial-transit The law requires that the death certificate be executed Sequentielly list conditions, it eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last Due to (or es e consequence of): Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by t i be detach 1 Yes 2 No 3 Probably 4 Unknown Cardiac Tamponade ğ 24b. Were eutopsy findings evelleble prior to completion of cause of death? Completed 24e. Wes an autopsy Renal Failure 1□ Yes 20No 1 T Yes 2 T No cartificata Division of Vital To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completely filled in by the funeral director, it Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) exeminer? Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 1 Yes 2 No 27. Manner of Deeth 28a. Dete of Injury (Month, Dev Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Medical Certification: 1. Neturel 5 Pending 1 Yes 2 No 2 Accident investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end pleca, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner stated. 29e. Certifier 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier meeno M6175 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) (6 BALTIMORE, MARYLAND JOHNS HOPKINS HOSPITAL 1. A. UNDERWOOD, MD

DHMH 16 Ray 6/95

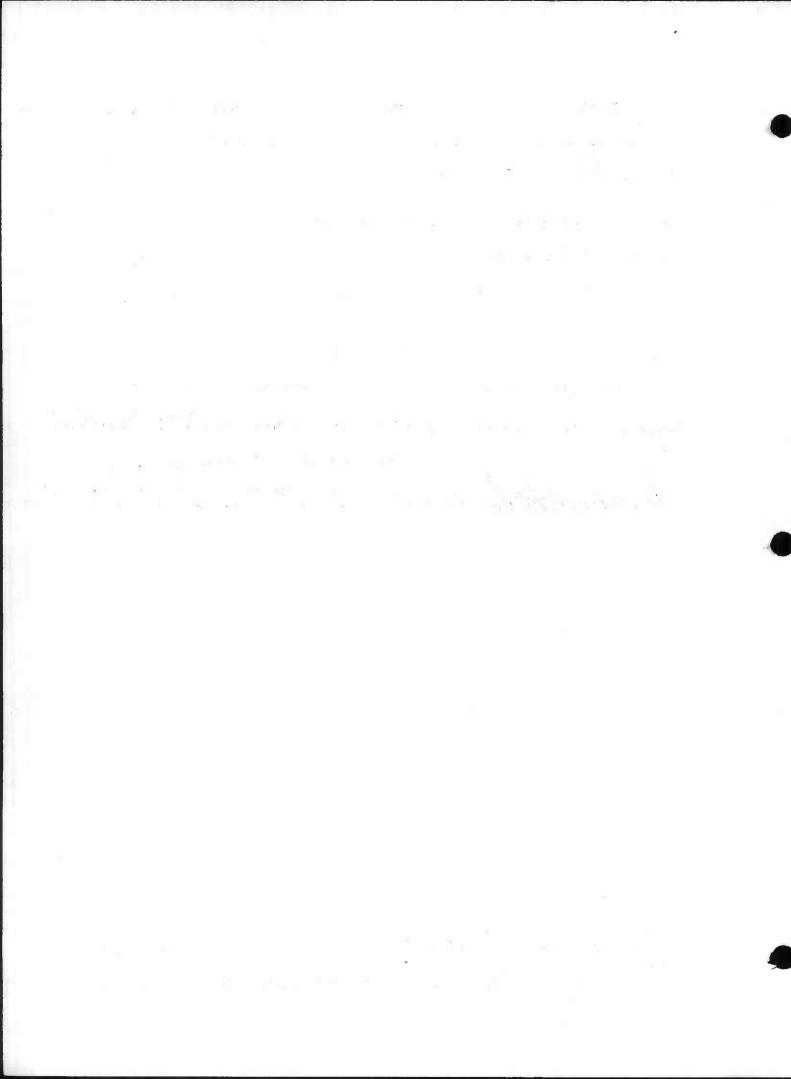
State

Registrar

31. Dete filed (Month, Dey, Year)

32. Registrer's Signeture

Jalin Davidson Rardall



31. DATE FILED (Month, Day, Year)

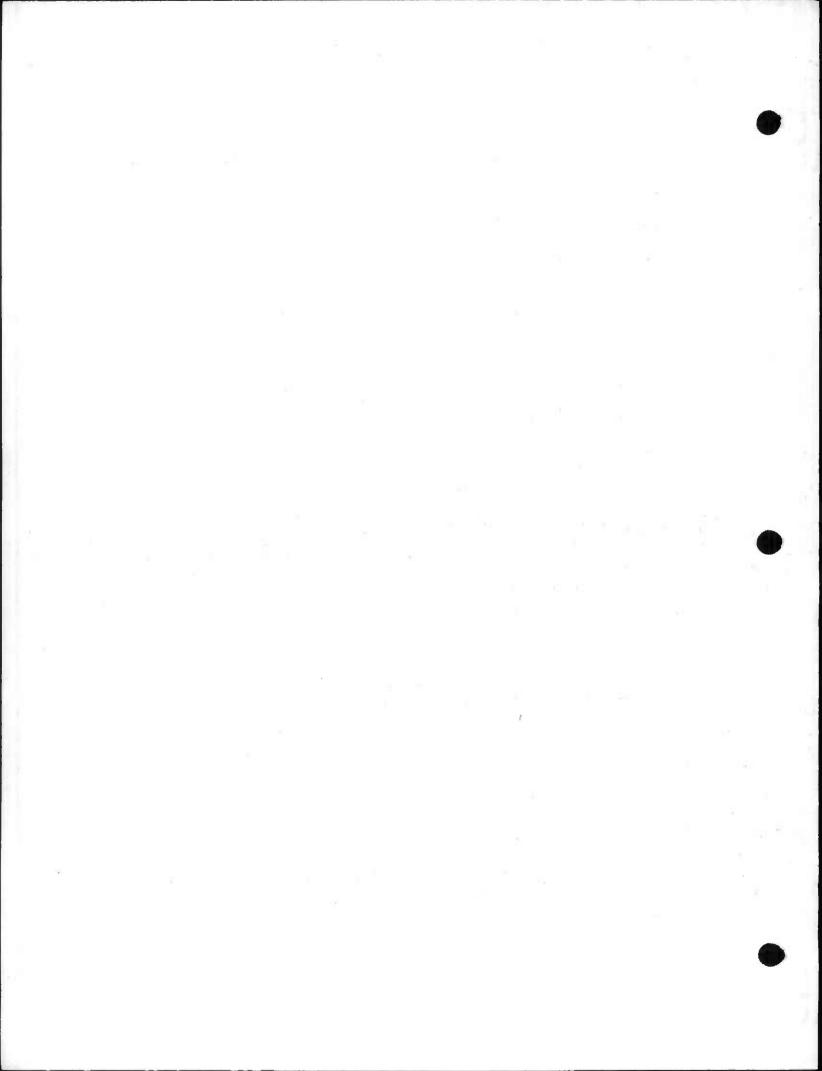
JUL 1 0

1996

	FOR STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	RTMENT	OF H	EALTH DEAT	AND	MENTAI	L HYGIEN			-1015	
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH	
)	Elsie Deshie	elds							Jur		28 T	1996	5:35 pM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1		IF UNDER		7. DATE	OF BIRTH	.0	0. BIRTHP	LACE (State or Foreign	
	181-20-4792	1 🗆 M 2 💢 F		95 YRS.	MONTHS	DAYS	HOURS	MIN.		31,	1901	Mary		
	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY, T	OWN 0	R LOCATI	ON OF DI		31,		NTY OF DE		
OR	Deer"s Head Cer	nter				Sal	isbu	1 *17			107.5	i a am i a	omico	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT											LCOULT	20	
DIRECTOR				- 1	Y, TOWN OR		ION						IOd. INSIDE CITY LIMITS?	
	Maryland Wice	omico		Sa	lisbu	_							YES 2 NO	
FUNERAL		A 10	,				. ZIP CODI				10g. CITI	ZEN OF WH	AT COUNTRY?	
N.	1006 East Road,				21801						SA			
	1 Never Married 2 Merried	12. WAS DECEDEN	YES 2	ARMED	13. WA	S DEC	ENDENT C	OF HISPAN	NIC ORIGIN? (Specify Yes or No-		s or No-	14. RACE - Black,	- American Indian, White, etc.	
ВУ	3 XWidowed 4 Divorced	IF YES, GIVE V	FORCES? 1 YES 2 THO If yes, specify 1 YES 2 X				2 X NO	Specify	y:			Specify.	Black	
0	15. DECEDENT'S EDU		16e,	DECEDENT'S	USUAL OCC	UPATIO	N		16b.	KIND OF BU	SINESS/IND	USTRY		
	(Specify only highest grade Elementary/Secondary (0-12)					of work done during most of working use retired.)								
鱼	5th		Но		fe				1	louse-	Wife			
COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTI	HER'S NA	House-Wife AME (First, Middle, Maiden Surname)						
ш	George Mc Glotten					Mary Unknown								
TO B	19e. INFORMANT'S NAME (Type/Print)					Street ar	nd Number	or Rural I	Route Numb	er, City or Tow	vn, State, Zip	Code)		
F	Delrika McGlot					06 East Road, Apt, 10								
	206 PLACE AND DATE OF DISPOSITION DATE										CATION	City on Town	Carte	
	4 Donetton 5 Other (Specify) Zion U.M. Church Cemetery 7-5-96 Sharptown, Md.												Md.	
	21. BIGHAPURE OF FEMERAL SERVICE LI	Princ			22. NA	ME AN Be	nnie	SS OF FA	th F	unera:	l Hom	e		
	23. PART 1/Enter the diseases, or			deeth. Do r	not enter th	P.	U. Bo	DO SUC	b8/,	Easto	n, Mo	1. 21	601 Approximata	
	snock, or heart fellure.	Liat only one ceu	ise on each ii	ine.			c. c.,		== 0=10	ice of feap	matory an	eot,	interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	(11-	Cerebro Vascular Accident DUE TO (OR AS A CONSEQUENCE OF):										Onset and Death	
	resulting in death)	ACCIdent Fi:								5 weeks				
z		h												
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE 10	DUE TO (OR AS A CONSEQUENCE OF):											
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	c												
	that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONS	SEOUENCE OF	F):									
CER	leading in death) EAST	d												
2	PART II. Other algolficent condition	s contributing to	deeth but no	t resulting	In the unde	rlying	ceuse o	elven in	Part i.	24a, WAS AN	AUTOPSY	24b. W	/ERE AUTOPSY FINDINGS	
2	Primary Degener									PERFO	RMED?	A	MAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	Seizure Disorde		merre La	HIZIE	THEIS	_ Ly	pe_		-	1 YES 2	E ₩ NO	0	F DEATH?	
	DID TOBACCO USE CONT		LISE OF DE	ATH YE	S D NO	7.17	LING	ERTAIN				1 '	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			ACE OF DEAT			0110	LKIMI	111					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	Mome		aldanaa	e 🗆 Oth	(0044)				
<u> </u>	27. MANNER OF DEATH	26e. DATE OF	INJURY	26b. TIM	E OF 28	c. INJU	JRY AT			CRIBE HOW I	NJURY OCC	URED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, Year)	INJ	URY M	WOF	RK? ES 2	NO						
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At atc. (Specify)	home, ferm, s	street, factory	, office				TION (Street		or Rural Rou	ite Number,	
TED	4 Homicide determined	ounding,	are. (Specify)						City o	r Town, Stete)				
PE	29e. CERTIFIER (Check only 1 🔀 CERTIFYING PHYS	ICIAN: To the best of	my knowledge,	death occurre	ed at the 1ime	, date	end place,	and due	to the caus	e(e) and ma	nner es stet	ed.		
COMPLET													nd manner ee stated.	
O BE COMPLETED BY PHYSICIAN: MEDICA	296. SIGNATURE AND TITLE OF CERTIFIE				_		29c. LICE			_			fonth, Day, Year)	
00	M. Shrest	ha r	ID								•	6/2	9/9/	
일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (I	TEM 27) (Type,	Print)		D16	4/8				-1-	110	

Salisbury, Maryland

Lulia Savidson-Randell



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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1	0	21	O	O	L

						Cer	tificate	OT	Death			Reg. No.		
	nysicia Medica	n	1. Decedant's Nama (First, Middla, Last) Marguerite Lo		ckman					J	2. Data of Da Month uly 4	1 9 9 6	Year	3. Time of Death 830 am
4	kamine		4e. Facility Nema (If not Institution, giva s		r)					omor	cation of Deati	4c. County		
	neral ector		212 24 4/63	7. A	ge (In yrs. lasi	birthdey) Yrs.	If Under 1 Months	Yeer Deys	If Under Hours	24 Hrs. Min.	8. Data of Bir	1921	9. Birth Cou	plece (Steta or Foraigr intry) 10
Marylend	notified at		Usual Rasidance of Dacedant 10a. Stata 10b. County Maryland Calver	t	10c. City, T Sol	own or Lo	cation							10d. Insida City Limits
th with the	the not	Funeral Director	10e. Street and Number 141 Newton Road				10f. Zip C		88			10g. Citizan of V Unite		
ter dee	5	by Funera	11. Marital Status 1 Never Married 2 Marriad 3 Widowed 4 Divorced	12. Was Decedent Armed Forcas 1 ☐ Yas 2 ☐ If Yas, Giva Yaar or Dates:	? No		Ves Dacedar i Yes, specify		lispanic Ori en, Maxicen Specify:	gin? (Spe n, Puarto f	cify Yes or No Rican, atc.)		e - Amari ck, White w: wh	
15-002 72 hours	odical E.	ered	15. Decedant's Edu (Specify only highast grade	cation		6a. Deced	lent's Usual (kind of work OO NOT usa	Occup dona	ation during mos	t of workir	orking 16b. Kind of Busin			ndustry
d 212- filed withir Hygiene.	r, the M	Completed	Elemantery/Secondary (0-12) unknown	Collega (1-4or	5+)		count		ng cl	erk				ernment
S S S S	0.0	e C	17. Fether's Nema (First, Middla, Last) Frederick W. La	utsch								Maidan Suman e Burn		15-2
Mar and 2 sho eith and 27 is me	ages 1 ar and of Heel		19a. Informent's Neme/Raiationship (Ty_0) Fred Hall	oe, Print)			-					er, City or Town, ryland		
Baltimore, bernit. Pages 1 ar Department of Hee			20a. Mathod of Disposition 1.☐ Buriel 2 □ Cramation 3 □ R 4 □ Donation 5 □ Other (Specify)	amoval from Steta	20b. Plac	a of Disposetery, crem	sition (Nama natory or oth UMC e	of ar pia	œ)JUl	у 7,	Data 1996	20c. Location -		own, Stete Maryland
Baltir permit. P Departme	any injur												ome	
		-	23a. Part1. Enter tha diseasa, or compil shock, or heart fallura. List only or	cations that cause	ed the deeth. I								1C M	Approximete Interval Between
Physic /Med Exam	dical liner	Je Je	immediata Causa (Final disaese or condition rasulting in daath) a	Α .	Lono Co	unci	mona							Onsat end Deeth Omenth
D, executed in and	buriel-transit	Examiner	Sequantially list conditions, if any, leading to Immadiate cause. Entar Underlying Causa (Disaase or Injury		Dua to (or as	a conseq	uance of):						1	
687 ificate	as the	nimedical	Causa (Disaase or injury that initiated events rasulting In death) Lest Dua to (or as a consequence of the					aquence of):						
0 - 5	- 1	CIBIN												
P.O. nat the dby th	detached	L L	Pert II. Other significant conditions con	ributing to death i	Dut not resultir	ig in tha ur	idanying cau	isa gin	∕en in Part i			Yes 2 No		to the cause of death obably 4 Unknow
Division of Vital Records, P.O ro Attending Physician: The law requires that the plrector: After this certificate has been signed by the	should be detached for	Completed by										an autopsy prmed?	81	Vara autopsy findings vellable prior to ompletion of cause f daath?
I Re lav	page 2	E									10	Yes 2500		□Yas 2□ No
of Vital IPhysician: The	actor.	0	25. Was case refarred to medical axaminar?					1.00		of Daath	(Check only	ona)		
of of	P		10 165	ospital: 1 Inpati		/Outpatien			4 LI NU			dance 6 Oth		ity)
VISION Of Attending Process. After Attending Process.	0 1	Certification	27. Mannar of Death Netural 5 Panding 2 Accident investigetion 3 Suicida 6 Could not be	28a. Deta of Inji (Month, De	ay Year) 28	b. Time of Injury	M 280	Woo	yat rk? Yas 2□		28d. Dascribe	how Injury occur	red	
Divi	ed in by		4 Homicida detamined	28a. Place of In building, e	njury - At home otc. <i>(Specify)</i>	, farm, stre	aat, factory, o	office		2	8f. Location (City or To	Street and Numb wn, Stata)	er or Rui	ral Routa Number,
DIVISION To the Hospital or Attending within 24 hours after death. To the Funerel Director: Aft	completely filled in by		29a. Certifiar (Check only one) Certifying Physical Examination (Check only one)	Ician: To the best er: On the basis of end menner s	of axamination	dge, death and/or Inv	occurred at astigation, in	tha tii my c	ne, dete en plnion, daa	d piaca, a th occurre	nd dua to the d at tha tima,	cause(s) and mo data and placa,	anner as a	stated. to the cause(s)
To the To the To the	lwoo	2	29b. Signature and title of certifiar	. Benné	Um.D	,			number 156			29d. Date signe July 5		
			30. Nama and address of person who co Charles W. Bennet					i.	Lusby	Mary	yland 2	20657		
Re	State		31. Dete filed (Month, Day, Year) JUL - 5 199	32. Regist	trar's Signeture	l .								
110	3.500		JOE - J 199	0 / 100	MINIMUM.	MANAGE	·V							

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Physician /Medical **Examiner** 3. Time f Leth

Funeral Director

10e Stete 28a-f show Director

the Manylend 7 is marked other than "natural", or items 23e or 28a-f shov traumatic event, the Medical Examinatination number northed at

permit. Pages 1 end 2 should be filed within 72 hours after death v Depertment of Health end Mental Hygiene.
Important: if item 27 is marked other than "natural". or the may injury or other traumatic event.

Physician /Medical Examiner

Box 68760.

P.O.

Records,

Division of Vital

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer death.

To the Fueral Director: After this certificate has been signed by the ettending physician end completely filled in by the funeral director, page 2 should be detected for use as the burlet-transit completely filled in by the funeral director, page 2 should be detected for use as the burlet-transit Certification: To Medicai

1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month JULY DOL TM 1996 RICHARD M. 1127 M 4b. City, Town, or Location of Deeth BALTIMORE 4e. Fecility Neme (If not institution, giva straet end number) 4c. County of Deeth BALTIMORE ST.AGNES HOSPITAL CHEST PAIN E.R. 7. Aga (In yrs. last birthday) | If Under 1 Year | If Under 24 Hrs. | Months | Deys | Hours | Min. 5. Sociei Sacurity Numbar 8. Data of Birth (Month, Dey, Yeer) Sex 1X M 2□ F Birthpiaca (Stete or Foreign Country) 576-14-5190 MAY 23,1919 HAWAII Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits HAWAII OAHU 1.MYas 2□No HONOLULU 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 6770 HAWAII KAI DRIVE #1402 96825 UNITED STATES Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - Amaricen Indien, Bleck, White, etc. Was Decedent of Hispanic Origin? (Spacify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 ☐ Yes 2 ☑ No if Yes, Give Yaar or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 1 No Spacity: þ Specify: WHITE 3 Widowad 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) FOUNDRY SUPERVISOR FOUNDRY 17. Fether's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Sumeme) Be **JOSEPH** PHILIP DOLIM **ISABELLA** MEDEIROS 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MICHAEL P. DOLIM 6421 MANOR VIEW DRIVE, LAYTONSVILLE, MD. 20882 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Burlel 2 Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) METROPOLITAN CREMATORY 7/19/96 ALEXANDRIA, VIRGINIA 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility
MURIEL H. BARBER FUNERAL HOME P.O. BOX 5038 LAYTONSVILLE, MARYLAND 20882 23e. Pert1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset end Deeth Immediete Ceuse (Final Alherosueronic Cardiovascular Cl Beuse disease or condition resulting In death) Examiner Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disaase or Injury that initioted events resulting in death) Lest Due to (or as a consequence of) Physician/Medical Due to (or as a consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Hunknown Homor-hage Completed by 24b. Were eutopsy findings aveileble prior to 24e. Wes en eutopsy performad? Be

				1□ Yas 2⊅No	completion of cause of daeth?			
25. Wes cesa referred to medical			26. Piece of De	eeth (Check only one)				
exeminer? XXYes 2□ No	Hospitel: 1 ☐ Inpatient	XER/Outpatiant 3□	Home 5 ☐ Residence 8 ☐ Other	e 5 Residence 8 Other (Specify)				
27. Manner of Deeth 1 Meturel 5 ☐ Pending 2 ☐ Accident investigatio		28b. Time of Injury	28c. injury et Work? 1 ☐ Yes 2 ☐ No	28d. Dascribe how Injury occurre	od			
3 Suicide 6 Could not be determined		noma, farm, street, fect	28f. Location (Street end Number City or Town, Stete)	f. Location (Street end Number or Rural Route Number City or Town, Stete)				
29a. Certifier (Check only one) 1 Certifying Ph	nystcian: To the best of my kno miner: On the basis of examine end menner steted.	owledge, deeth occurre etion end/or Investigeti	ed et the time, dete end plec on, in my opinion, deeth occ	e, and due to the ceuse(s) end men urred at the time, dete end place, er	ner as steted. nd due to the cause(s)			

29c. Licensa number

O.C.M.E

30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)

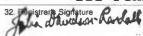
Towler-

111 Penn Street, Baltimore, Maryland 21201

29d. Dete signed (Month, Dey, Year) JULY 18, 1996

State Registrar 31. Dete filed (Month, Dey, Year)

29b. Signeture and title of certifier



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible.

(Manuford / Department of Health and Mental Hygiene 96)

						Certifi	icate of i	Death		Re	g. No.		
		7	1. Decedent's Neme (First, Mid	dle, Last)						ete of Deeth	1		3. Time of Deeth
	Physic		Rober	t Ell.	i.s	Dur	าท		J	<i>ily</i>	Day 5	1996	6:12 AM
	/Medi		4e. Fecility Neme (If not instituti		-			4h City To	wn, or Locatio		4c. County		0 - 7 - 7 - 7 - 7
2	Examir	ner		Community	Harni	+ a 0				ii oi beetii			004001
1								Lan			PILLI		eorges
	Funeral		5. Sociel Security Number		e (In yrs. lest bii	Mo	Under 1 Yeer onths Deys	If Under:		ete of Birth Month, Dey,	Year)	9. Birthpi	lece (Stete or Foreign try)
	Director	н	028-28-9764	10 M 20 F	67	Yrs.	20,0	110010	De	c. 28		0kla	noma
	D		Usuel Residence of Decedent										
	yler Mow		10e. Stete 10b. Coun	У	10c. City, Tow	n or Locatio	on					10	0d. Inside City Limits
	Me Table	ğ	Maryland Prin	ce George's	New C	arrol	lton						1√ Yes 2 No
	the 288	Directo	10e. Street end Number	0-0-3-			Of. Zip Code			1/	og. Citizen of V	What Coup	tn/2
	T S S	ā	6102 85th Pl	200				0.704					
	n 72 hours efter death with the Menyland "natural", or flems 23e or 28e-f show adical Examine must be notified at	Funerai	0102 03611 F1					20784			United		
	e E	Į,	11. Marital Stetus	12. Wes Decedent Armed Forces?	Ever in U,S.	13. Wes	Decedent of H s, specify Cube	llspanic Original Mexican	igin? (Specify ` n. Puerto Ricar	Yes or No-		e - America k, White, o	
0	or h		1 Never Merried 2 M	f Yes 2 TV	No		Yes 2 No	Specify:					
9	al',	b	3 ☐ Widowed 4 ☐ Divorce	Yeer or Detes:		,	24/10	opeary.			Specify	Whi	ite
P	J within 72 ho jiene. r than "natur tre Medical	Completed	15. Decede	int's Education	169	Decedent's	s Usuel Occup	etlon		1	16b. Kind of Bu	usiness/Ind	lustry
<u> </u>	n n	pie	(Specify only high Elementery/Secondery (0-12)	est grade completed)		life. DO N	of work done of NOT use retired	during most d)	t of working				
21215-0020	within fiene. than "	E	12	College (1-4or s		Profe	eenr				Univer	rsity	
ס	真なまれ		17. Fether's Neme (First, Middle	(tast)		11016	3301	18 Mothe	er's Neme (Fir	et Middle N		-	
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=	d 2 should b th and Ments 7 is marked traumatic e	P	Richard Dunn					Ress	s Lamb				
Maryland	2 9 8 8		19e. Informent's Neme/Relation	ship (Type, Print)	196	. Meiling Ad	ddress (Street	end Numbe	er or Rural Ro	ute Number,	City or Town,	Stete, Zip	Code)
2	1 end Heeith em 27 lyther tr		Gretchen E.	Dunn		Sam	e as 10)					
a)	of He other		20e. Method of Disposition		20b. Placa o			224	De	ite 2	20c. Location -	City or To	wn, Stete
2	9899 1 1 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1		1 Burial 2 Cremetion				ry or other place	•	7.5	00	D - 1 +		Manual and
Baltimore,	tant tant		4 Donetion 5 Other (Unesa	-	Cremat	- 4		-96	ReTrs A:	LITE,	Maryland
ğ	permit. Peges 1 end Department of Heelth Important: If Item 27 any Injury or other ti once.		21. Signature of Funerel Service	a Licensee	\	Pan	me end Addre	ss of Fecilit	b brvi cos	D	Δ		
ш	20 E 8 9		/ Cillen	N. Kat	SP		Gist /					MD 20	910
			23a. Pert1. Enter the diseese,	or complications that caused	the deeth. Do							10 20	Approximete
4	Discontate of		shock, or heert feilure. Lis	st only one ceuse on each li	ne.		,				•		Intervel Between Onset and Death
\mathbf{r}	Physician /Medical		Immediate Cause (Finel	1	1	00	0		7 1				1.1
	Examiner		disease or condition resulting In deeth)	e. H	cute Due to (or es e	11140	cond	ral	11/0	uction	n-		Ihr.
		L.			Due to (or es e	consequenc	ce of):		•				
	D =	in e										1	
	ertificate be executed ding physician end se es the bunel-transit	/Medical Examiner	Sequentielly list conditions.	0.	Due to (or es e	consequenc	ce of):						
oʻ	BY B	M	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	,								i	
68/60,	sicia bu	cal	thet initieted events	C	Due to (or es e	00000011000	na ns):						
9	Phy th	Pa	resulting In deeth) Lest		Due to (or es e t	consequenc	a oi).						
	ding ding se e	3		d									
a	death certifica e ettending pl ed for use es t	lan											
	the e	Physician	Part II. Other significant condit	ions contributing to death b	ut not resulting l	n the underl	lying cause giv	en in Pert i.		23b. Did tol	bacco uae co	ntribute to	the cause of death?
5	a 25 ct	Ť	P1 -	100	. 2	0	r	1		12Ky	s 2 No	3 □ Prob	ably 4 Unknown
п.		by F	Caronie	Obstruct	ve ru	lmon	eny !	0,20	use	,			
0	law requires that es been signed I 2 should be det									24e. Wes er	eutopsy	24b. We	re autopsy findings
ecord	pee hou	ete								perform		ava	Illable prior to
9	W 00 CA	ď										of c	npletion of cause death?
r	The is ate he pege	Completed								1 ☐ Ye	s 2 100	1 [Yes 2X No
	ilcian: The certificate rector, peg	Be C	25. Wes case referred to medic	al				26 Plece	of Deeth (Ch	eck only one	a)		
>		To B	examiner?	Hospitel:	nt 2 ER/OL	deneticat 0	Oth	OF.				10	,
0	Phys this rel d		27. Manner of Deeth	28e. Dete of Inju	-	Time of	LOOA	40 140	ursing Home		w Injury occur		"
	ding F h. After funer	lo l	1 Neturel 5 ☐ Pend	ing (Month, Da	y Year)	njury	28c. Injury Work			Describe 110	w injury occur	100	
DIVISION	Attending or death. ector: After by the fune	cat	Z LI MOOIGOIN	tigation			VI 1	Yes 2□1	No				
	or Attendent efter deat Director: I in by the	ij	3 ☐ Sulcide 6 ☐ Could 4 ☐ Homicide deter	mined 28e. Plece of Inj	ury - At home, fe	rm, street, f	fectory, office			ocation (Str		er or Rura	l Route Number,
5	A D E	Certification:		ounding, ou	o. (Opedity)					,	, 0,0.0,		
	To the Hospital or within 24 hours effe To the Funeral Diracompletely filled in	ai	29a. Certifier 1 Certify	ng Physician: To the best	of my knowledge	, deeth occ	urred et the tin	ne, dete en	d plece, and d	ue to the ce	use(s) and ma	nner es st	eted.
	24 } 24 } Ful etely	edical	(Check only 2 Medica one)	Examiner: On the basis of end menner ste	exemination en	d/or Investig	getion, in my o	pinlon, deat	th occurred et	the time, de	te end pleca,	end due to	the ceuse(s)
	thin the	ĕ Z	29b. Signeture end title of certifi				29c. Licens	e number	-	00	d. Date signe	d (Month	Day Veerl
	F 3 F 8		A. T		1 4				- C)	
			Muchan	(Beran		>	1	126	287		1/5	196	
	ID		30. Name end eddress of person	who completed cause of d	eeth (Item 23e)	(Type, Print),	1	287 Veget	2			
	10		30. Name and address of person MBERANT	7305 6	AUTIMA	10 /	tre	Col	lees 6	ach	MID	20	740
	Sta	te	31. Dete filed (Month, Day, Year	32. Registro	er's Signeture				8				
	Registr		JUL 0 8 199	5 cha Mair	er's Signeture	482							
			0 0 100	- // /									

State of Maryland / Department of Health and Mental Hygiene 96

96 21883

					Cei	rtificate d	of Death	7	Re	g. No.		
		1. Decedent's Nema (First, Mid	dia, Last)					2	. Dete of Deatl	1		Time of Death
Physic /Med		Sophie	Deckelbaum					J	Month 8,	1996	Yaar 3	:15 pm
Exam		4a. Facility Nama (If not institut	ion, giva street and numbe	or)			4b. City, To	own, or Loca	Ilon of Deeth	4c. County	of Deeth	
		Brook Grove N	ursing Home				Olne	υV		Mont	gomery	
Funera		5. Social Security Number	6. Sex 7. /	Aga (In yrs. I	ast birthday)	if Undar 1 Y	aar If Unda	r 24 Hrs. 8	Dete of Birth		9. Birthpiaca	(Stata or Foreign
Directo		577-48-2564	1 □ M 25€F	84	Yrs.	Months De	eys Hours	Min.	(Month, Day, Aug. 10		Washii	ngton, D
D.		Usuel Residence of Decedent	cedent						1009 - 10	,,,		
how	No.	10a. Stata 10b. Coun	ř.	10c. City	, Town or Lo	cation						nside City Limits
Ma Par	Director	MD Mont	gomery	01n	ey						1	X Yas 2□No
# 12 P	Sire.	10e. Street and Number				10f. Zip Cod	de		10	g. Citizen of \	Whet Country?	
23a		18430 Brook	Groove Road			208	32		τ	United	States	
ep #5	Funeral	11. Marital Stetus	12. Was Dacedar Armed Forca	ni Evar in U.S	S. 13.	Was Decedent If Yes, specify (of Hispanic Or Cuben, Mexica	rigin? (Specif	y Yas or No-		14. Rece - American Indian, Black, Whita, atc.	
and 21215-0020 be filed within 72 hours efter death with the Maryland stall thygiene. ad other than "natural", or items 23a or 23e-f show event, the Medical Examiner must be notified at	þ	1 ☐ Navar Married 2 ☐ Mi 3 🕱 Widowed 4 ☐ Divorce	If Yes Give	_		1 □ Yes 2 🔀					. White	
5-0 72 h	Completed	15. Deced	ent's Education east grada completed)		16a. Deced	dent's Usuai Oo kind of work do	cupation	et of working		6b. Kind of B	usiness/Industr	у
within 72 ene.	ple	Elementery/Secondary (0-12		r 5+)	life.	DO NOT use re	ntired)	st of working				
N Maria	5	12			Home	maker				Own H	Iome	
nd 2	Be	17. Fethar's Nema (First, Middl	a, Last)				18. Moth	er's Neme (f	First, Middla, N	fa <i>iden Sum</i> an	ne)	
Maryland 212: d 2 should be filed within th and Mental Hygiene. 7 is marked other than traumetic event, the M	2	Israel Lubin					Han	nnah C	ohen			
Aar 2 sho and is me	1	19a. Informant's Neme/Reletio	nship (Type, Print)		19b. Mailir	ng Addrass (St	reet and Numb	er or Rural F	Route Number,	City or Town,	State, Zip Coo	le)
re, Maryle s 1 and 2 should f Health and Mer tem 27 is marks other traumetic		Barbara Mensh	/Daughter		1544	Il Tinle	ey St.	Silve:	r Sprin	ng MD 2	20905	
		20a. Method of Disposition			lece of Dispo	sition (Name o	f placa)		Dete 2	20c. Location -	City or Town,	Slata
Pages nent of I		1 ☐ Buriel 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other			. Leba	non Cer	metery		7/10 F	delphi	, MD	
二 三十二十二		21. Signature of Funeral Service	Licansee	1		2. Nama and Ad		lity			·	
B E S E		1/1 1	7			dward :						
		23a. Pert1. Enter the disaasa, shock, or hand feilure. Li	or complications that caus	ed the deeth	n. Do not ant	091 Rod ar tha moda of	ckville dving, such as	Pike	ROCKS	rille,	MD 2085	oroximeta prval Between
OX 68760, Certificate be axecuted Adding physician and use as the buriel-transit	edicai Examiner	disease or condition resulting In deeth) Sequentially list conditions, if eny, laeding to immediate cause. Enter Undartying Cause (Disease or injury that initiated events resulting in deeth) Last	6. art	Due to (or	r es a consequence a consequen	ut (Arz	lipba	aya	dos	e.Q		Pogo.
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for all the party of the party	clai	Date Oak and the oak and the			M. Co.		Chican Lella		Det Dille	Carrier Second		DED WINDS
P.O. that the de detached detached	Physician/	Pert II. Other significant condi	-	but not resu	itting in the u	nderlying cause	given in Part	1.		s 2 No		cause of death?
S, P es that igned b	by P	1 Nevro	55 YOU	6	D'Hel	Wzau	200		10.10	8 2L NO	3 Probabi	y 4 Domaiow
Records, P.O le lew requires that the shes been signed by th)			24a. Wes ar	eutopsy	24b. Wera a	utopsy findings
cord w require been si should	lete					•			perform	ned?	comple of deet	le prior to tion of causa
I Rec	Completed								400	000	_	
_ F # 8		OE Man anna referred to made	al l						1 ☐ Ye		1 L Ya	s 2 No
of Vita Physician: this certific ral director,	Be	25. Wes casa referred to medic exeminer? 1 Yes 2 No	Hospital				Other:		Check only on	-		
Phy Physical	1: To	27. Menner of Deeth	1 ☐ Inpa		ER/Outpatier 28b. Time of		4 🗆 N		5 Raside			
O ding	tlor	1 ☑Natural 5 ☐ Pend 2 ☐ Accident invas	28a. Dete of in (Month, L stigation	Day Year)	injury		injury et Work? 1 ☐ Yes 2 ☐					
Division of Vital To the Heapital or Attending Physician: T within 24 hours after death. To the Funeral Director: After this certificat completely filled in by the funeral director, p	Certification:	3 ☐ Suicide 6 ☐ Coul	nol be 28e. Pleca of I	injury - At holetc. (Specify	me, farm, str	eet, factory, off			f. Location (Str City or Town		ber or Rural Ro	ute Number,
ours ours filled		29a. Certifier	ing Physician: To the hes	at of my know	viedna death	, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.						
Hospitai 24 hours Funerai letely filled	edical		Examiner: On the basis end mannar	of examineti	ion end/or Inv	vestigation, in r	ny opinion, de	ath occurred	et the time, da	ite end pleca,	end due to the	ceuse(s)
To the Hospital within 24 hours of To the Funers!	M	29b. Signature and line of certif		1			ansa number				(Month, Day,	
⊢ s ⊢ ó		M	MIN	71.	: 15	T	2002	リつ	/	XIII	1 5	/
h		30 Name and a Park	X 1// 0	MZ	220) (T	Print)	111			yace	1	0
7		30. Name and eddless of perso	n who completed cause of	daeth (Item	23a) (Type,	rrint)						
C	ate	31. Dete filed (Month, Day, Yea	r) 32. Regis	strer's Signet	ture					-	J	

Registrar

JUL 0 9 1996

Amended	#5	, 7/12/96, MRT, Mo	State of Mantg. Cty.	ar y larre		rtificate					Reg. No.	96	21884	
Dharaia		1. Decedent's Name (First, Middle, Las	st)							2. Date of De Month	eth Dev	Year	3. Time of Death	
Physic /Medi		Alice Ce	celia	Don	ohoe					July 4		real	12:35 AM	
Exami		4a. Facility Name (If not institution, give	a street and number)				- 1	4b. City, To	wn, or Lo	cation of Death	4c. County	of Death		
		15308 Basswood C	t.					Rocky				gomer	У	
Funeral Director		5 Social Security Number 5 7 7 - 86 - 1 1 6 3 1 2 2 2 - 0 1 - 6 9 4 8 A 1 Usual Residence of Decedent	ex 7. Ag □M 2⊠F	e (In yrs. ia 87	st birthdey) Yrs.	If Under Months	1 Yaar Days	If Under Hours	Min.	8. Date of Bir (Month, De Sept.	th by, Year) 7, 1908	9. Birthp Coun W11m:	iace (State or Foreign itry) ington, Del	
Page 1		10a. Stata 10b. County		10c. City,	Town or Lo	ocation						1	0d. Insida City Limits	
h the Merylend r 28a-f ahow	Director	Maryland Montgome	ery	Roc	kvill		0-1-				40.00	450	1∭ Yes 2□ No	
with a or	급					10f. Zip					10g. Citizen of		ntry?	
eath w	eral	15308 Basswood Ct	12. Was Decedent I	Ever in I.I.S.	13		853	lienanic Oni	nin? /Sne	oifu Vac or No	USA 14 Ba	e - Amaric	en Indian	
72 hours after death with the Menyland Patural, or Items 23a or 28a-f ahow Idical Examiner must be notified at	by Funeral	1 □ Naver Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	Armed Forcas? 1 Yas 2 N If Yes, Give Yaar or Dates:			tf Yes, spec		Specify:	, Puarto	cify Yas or No Rican, etc.)		Black, White, etc. Specify: White		
natural,	ted	15. Decedent's Ed (Specify only highest gra	ucation		16e. Dece	dent's Usua kind of wor DO NOT us	l Occup	ation	t of worki	na	16b. Kind of B	usiness/Inc	dustry	
iges 1 and 2 should be filed within it of Heelth and Mental Hygiene. If Item 27 is marked other than *! or other traumatic event, the Mess or other traumatic event, the Mess	Be Completed	Elementery/Secondary (0-12) 9 yrs.	College (1-4or 5	i+)		usewi		d)	O WORK		own h	ome		
al Hy	3e (17. Father's Name (First, Middle, Last)						18. Motha	r's Name	(First, Middle,	Meiden Sumer	n <i>e)</i>		
Ment Ment price	To	Alphonsus J. Dug	an					Mary	McN	espy				
and and seminary		19a. tnformant's Name/Relationship (7	Type, Print)		19b. Maili	ng Address	(Street	end Numbe	er or Rura	l Route Numbe	er, City or Town	, Stete, Zip	Code)	
Heelth Heelth em 27 i		Thomas Donohoe/So	n						th P	1.,N.W.	,Wash.,	DC 20	0016	
t. Partant		20a. Method of Disposition 1 🛣 Buriai 2 Cremation 3 Removal from Steta 4 Donation 5 Other (Specify) 20b. Place of Disposition (Neme of cemetary, crematory or other piece) Gate of Heaven Jul. 8, 96 SilverSprir												
mit. partmoorts ports / inju		21. Signature of Funeral Service Licen	sa9 10					ss of Facilit			eral Horonsin Av			
Depa impo any ir		1 8V3	960						222 Was	2 Wisco	onsin Av	7e.,NI	W	
Physician /Medical Examiner		immediate Cause (Finel diseasa or control diseasa or condition rasulting in death)	a. End Sta	age Al		ners d			cardiac o	r respiratory a	rrest,		Approximata interval Between Onsat and Death 10yrs.	
S	9			Due to (or	as a conse	quence or):						İ		
deeth certificate be executed a attending physicien and of for use es the buriel-transit	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	b	Due to (or a	as a consec	quence of):						i		
certificate ding phys	/Medical	that initiated events resulting in death) Last	d	Due to (or a	as a consec	quence of):								
atten for u	clan					- 2000 - 100								
the the	y Physician/M	Part ii. Other significant conditions co	ontributing to death bu	ut not result	ling in the u	nderlying ca	ause giv	en in Part I					the cause of death?	
e law requires that has been signed b je 2 should be dete	Completed by							_		24a. Wes	an autopsy ormed?	ava cor	ere autopsy findings ailabia prior to mpletion of cause death?	
0 - 5	on									10	Yes 2 No	1	JYes 2∰ No	
Physician: The this certificate ral director, pag	Be	25. Was case refarred to medical axaminar?						26. Piace	of Death	(Check only o	one)			
G 60 %	10	1 ☐ Yes 2 No	Hospitai: 1 🗍 Inpatie	nt 2 E	R/Outpatie	nt 3 DO	A Oth	ar: 4□ Nu	rsing Hor	ne 5 🗓 Resid	dence 6 Ott	ner (Specify	y)	
i or Attending Ph after death. Director: After thi d in by the funeral	Certification:	27. Manner of Death 1 Natural 2 Accident 3 Suicide 5 Pending invastigation 6 Could not be	1	ry Y Year)	28b. Time o Injury	M 2	8c. Injur Wor 1 🗆	yat k? Yes 2⊡I		28d. Dascribe	how Injury occu	rred		
ital or Att	determined 28e. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify)									28f. Location (Street and Number or Rural Route Number, City or Town, Stete)				
To the Hospital or Att within 24 hours after d To the Funeral Direct completely filled in by	edical	(Check only 2 Medicat Exam	yatcian: To the best of tnar: On the basis of end manner sta	examinetic	edge, deetl en end/or in	vestigation,	in my o	pinion, dee	d place, a th occurre	and due to the ed et the time,	dete and plece,	and due to	the cause(s)	
5 × 5 × 0	Σ	29b. Signature and title of certifier	S. 18) /	1.	29c	. Licens	e number			29d. Data signe	d (Month, i	Day, Year)	
		- found	J. /	1	ould	no D	2202	8			July 5,	1996		

Registrar

State

Paul Rhodes, M.D.

31. Date filed (Month, Dey, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

1902 R St., N.W. Washington, D.C. 20009
32. Registrar's Signature hela Tavidson Bordelle

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month 496 -12a BETTH DRENNER 6:55A.M 101 4e. Fecliity Neme (If not institution, give street and number, 4b. City, Town, or Location of Deet 4c. County of Deeth Med Pointe Nursing Home Elkton Cecil If Under 1 Yeer If Under 24 Hrs. Hours Min. Birthplece (State or Foreign Country) 5. Sociei Security Number 6. Sex 7. Age (In yrs. iest birthdey) 8. Dete of Birth (Month, Dey, Year) 1□M 21XF Months Deys Yrs 214-76-2897 90 12/22/1905 MD Usuel Residence of Decadent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Xes 2 No MD Harford Havre de Grace 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 603 Commerce Street 21078 USA 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 ☐ Xfo Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent'e Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 4 Homemaker Home 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Father's Neme (First, Middle, Last) Charles Goldberg Adams Bertha Sherman 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Joan B. Dorsey Daughter 603 Commerce St. Havre de Grace, MD 21078 20b. Piece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 Seurial 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) Angel Hill Cemetery 07/10/96 Havre de Grace 21. Signature of Funeral Service Licenses Neme end Address of Fecility
Mitchell-Smith Funeral Home 23e. Pert1. Inter the disease, or complibetions that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heert feilure.) List only originations are caused the deeth. 123 S. Washington St. Havre de Grace, MD Approximete Intervel Between Onset end Deeth Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Last Due to (or es e consequence of): Due to (or es e consequence of) Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Junknown 24b. Were eutopsy findings evailable prior to completion of cause of deeth? 24a. Wes en autopsy performed? 225No 1 ☐ Yes > No 1 Tyes 25. Wes case referred to medical examiner? 28. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28a. Date of Injury (Month, Dev Yeer) 28c. Injury et Work? Naturei 5 Pending 1 ☐ Yes 2 ☐ No 2 ☐ Accident Investigetion 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end menner stated. 29e. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 028339

Leed Nevel

lew requires that the death certificate be exec Division of Vital Records, P.O. Box 68760. peeu hes certificate Hospital or Attending Physician:
 24 hours after deeth.
 Funeral Director: After this certifica To the Hospital or Atterwishin 24 hours after de To the Funeral Directo completely filled in by the

> State Registrar

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Be

Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Meryland Department of Heelth and Mentel hygiene. Important: If from 27 is marked other than "natural" ~~ any injury or other traumatic events.

Physician /Medical

Examiner

physicien end the buriel-transit

80 usa

signed by the e

director.

funeral

Physician/Medical

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Completed

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2

Certification:

edical

31. Dete filed (Month, Dey,-Year) 9 1996 JUL

CINDA

01 32/Registrar's Signeture

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

AND AND AND THE RESERVE

REG NO

funeral director,

completely filled in by the rial, cremation, or removal.

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Hygiene prior

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After the

DIRECTOR: after

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Pages 1, 2, 3 should

permit.

1

STATE REGISTRAR

the death certificate be executed OR ATTENDING PHYSICIAN:

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DENNISON 1996 03:40a.m JULY ELEANOR C 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 YF 579-38-8678 YRS. FEB. 1912 MARYLAND 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. MARY'S HOSPITAL **LEONARDTOWN** ST. MARY'S 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND ST. MARY'S MECHANICSVILLE 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 29787 KING RD. 20659 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried BY Specify: 3 Wildowed 4 Divorced WHITE ED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Spi Ш nentary/Secondary (0-12) College (1-4 or 5+) COMPL 8 **HOUSEWIFE** OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Ħ ROBERT L. COLLINS MARTHA TILCH BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARTHA M. EMOND/DAUGHTER 149 BALLANTRAE DR. ELKTON, MARYLAND 21921 90 METHOD OF DISPOSITION

Burlel 2
Cremation 3
Removal from State 20e. METHOD OF DISPUSITION
1 X Buriel 2 Cremation 3 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must ST. JOHN'S CEMETERY 7/15 FT. WASHINGTON, MARYLAND 21. SIGNATURE OF ECNERAL SERVI medical examiner detim 22. NAME AND ADDRESS OF FACILITY
THE HUNTT FUNERAL HOME, INC. BENJAMIN M. MATTHEWS M - 00658BOX 156 WALDORF, MARYLAND 20604 P.0. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, Approximate ahock, or haert failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Fine) **Onset and Death** the disesse or condition_ DNG23 TIVE HEART FAILURE resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other 1 DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? shows any 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER?

YES 2 NO HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 10 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27/MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural Accident M 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 60 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be item 28 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. TO THE HOSPITAL
TO THE FUNERAL I
DE filed within 72 h
IMPORTANT: It if (Check only one) minutes and/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) and menner ea stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D14283 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WILLIAM BOYD, Leonardtown, MD 32. REGISTRAR'S SIGNATURE
JULIA D'AUSLIAN RANGALL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Amended Items 5, 12, 15, 19b 7/11/96 bam Cecil County Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death Yaar **Physician** Ralph Gray Davis Jr. 22/3 4/4 /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Elkton Md. Union Hospital Ceci1 | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth | Months | Days | Hours | Min. | July 19,1923 5. Social Sacurity Number 🧣 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** ₩ 2□ F 72 219-16-4316 Yrs. Director Maryland Usual Rasidance of Dacedant 10a Stata 10b. County 10c. City. Town or Location 10d. inside City Limits "natural", or Items 23a or 28a-f show Mď. Ceci1 Elkton 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21921 245 E. Main Street U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specity Yas or Notif Yas, specity Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. be filed within 72 hours after de Ital Hygiena. Id other than "natural", or item event, the Mod cal Examinar in 1 □ Yas 2 □ No If Yes, Giva Yaar or Datas: WWII 1 Nevar Married 2 Married 1 ☐ Yas 2 No Specify: White Completed by 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Eiamantary/Secondary (0-12) College (1-4or 5+) Floral . Pages 1 and 2 should be filed w ment of Health and Mental Hygies tant: If item 27 is marked other th lury or other traumatic event, th 12 +Proprietor 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be Ralph Gray Davis Sr. Margery Marshbank Davis 19e. Informant's Name/Relationship (Type, Print)
Sister 19b. Meiling Addrass (Streat and Number or Rural Routa Number, City or Town, State, Zip Code) 7409 Georgetown Pike, MCLean Virginia 22102 Margery Davis Maize
20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, crematory or other place)
R.A. Ferris Inc. Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Cemit. Page Cepartment of Important: If any injury or once. July9,96 West Chester Pa. 21. Signature of Funaral Sarviça Licensaa 22. Nama and Addrass of Facility Gee Funeral Home 259 E. Main St. Elkton, 23a. Part1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. Let only one cause on each line. Approximata intarval Between Onsat and Death Pnysician /Medical immediata Cause (Final disaasa or condition rasulting in death) Herry Disease. Examiner Sequantially list conditions, if any, laeding to immadiata causa. Entar Undarfying Causa (Disaasa or injury that initiated evants rasulting in death) Last Physician/Medicai Dua to (or as a consequanca of): Part ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yas 2 110 1 ☐ Yas 2 ☐ No 25. Was casa refarred to medical axaminer?

1 Yas 2 No Be 26. Place of Death (Check only one) Hospitei: 1 ☐ Inpatlant Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 2 ■ ER/Outpatient 3 DOA 28a. Data of injury (Month, Day Year) 27. Menne of Daath 28b. Tima of 28c. injury at Work? 28d. Dascribe how injury occurred 5 ☐ Panding invastigation 1 Naturai 1 Yas 2 No 2 ☐ Accident within 24 hours after deat To the Funeral Director: 6 Could not be datamined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, offica bullding, atc. (Spacify) 4 Homicida Certifying Physician: To the best of my knowledge, deeth occurred at the time, data and piece, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifian (Check or one) 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 12+11/4 044716 30. Nama and a ess of person who completed causa of daath (ttem 23a) (Type, Print) SEMA

 Π 31. Data filed (Month, Day, Year) State Registrar

High S. Ragistrar's Signatura Lulia Davidson

death

Baltimore, Maryland 21215-0020

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 si	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, ihe medical examiner must be notified at once.
O THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certifical	e filed within 72 hours after death with the Sta	MPORTANT: If item 28 is marked, or its

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR Wanda Denton Mae Tuly 7 1996 8:31 Δ 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 XF 67 1929 West VA. 218-38-9171 April 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Naval Hospital DIRECTOR St. Mary's Patuxent River 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY t TYES 2 TONO Maryland
100. STREET AND NUMBER St. Mary's Great Mills FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP COOF Village 430 Greenview 20634 . S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES II. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 YES 2 NO Specify Specify: BY 3 Widowed 4 X Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Employee Development 1.2 th Specialist U.S. Government 17. FATHER'S NAME (First Middle Last) 18, MOTHER'S NAME (First, Middle, Maiden Surname Oliver Otis H. O'Dell Maude E. Samples 19. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James E. Denton Salisbury Dr. Midlothian, VA 23113 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 20e. METHOD OF DISPOSITION

1 | Burlat 2 | Cremation 3 | Removal from State

4 | Donation 5 | Other (Specify) California, MD Evergreen Memorial 7/10/96 22. NAME AND ADDRESS OF FACILITY
Mattingley-Gardiner Funeral Home, P.A. MONATURE OF FUNERAL SERVICE LICENSEE P.O. Box 270, Leonardtown, Maryland 20650 Malala Hardiner 23. PART/. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition trobable MyoeAR J. iL ENTARETIO Ster resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not reculting in the underlying ceues given in Pert I. MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Raaldence 8 | Other (Specify) DOA ☐ Inpatient 2 ☐ ER/Outpatient 3 27. MANNER OF DEATH

1 Netural 5
2 Accident 26b. TIME OF 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only one)

The property of the peet of my knowledge, death occurred at the time, data end piece, end due to the cause(e) end manner as stated.

The property of the peet of my knowledge, death occurred at the time, data end piece, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the beals of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner ee stated. 29b. STORATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE

24285

Leonardtown, Maryland

Aum

32 REGISTRAR'S SIGNATURE CONTROL

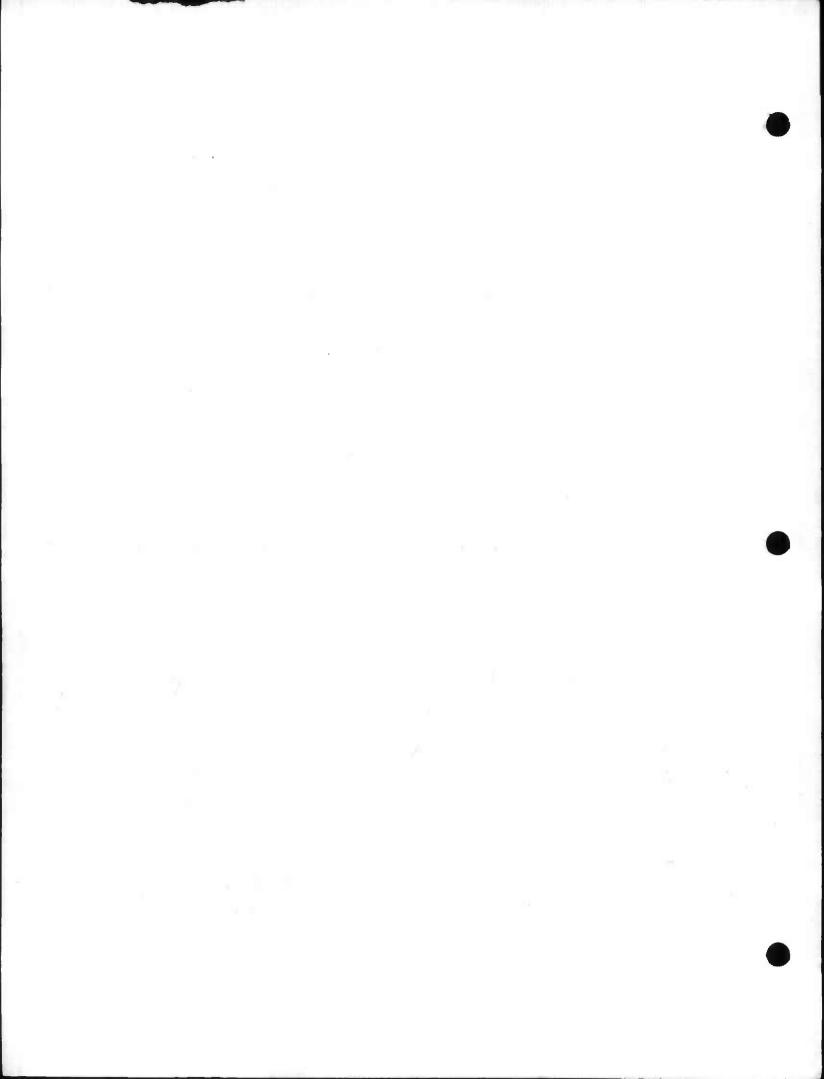
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William D. Boyd, II, M.D.

31. DATE FILED (Month, Day, Year)

JUL - 9 1996

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



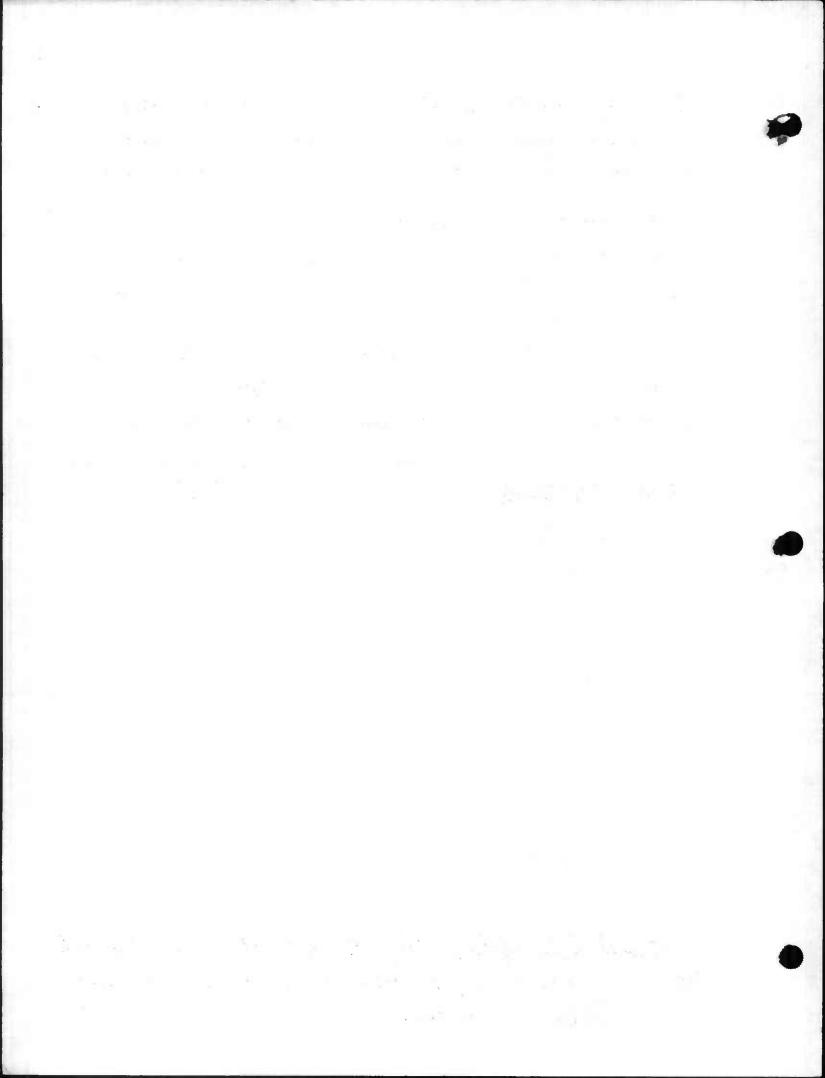
State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Daalh 3. Tima of Death LLENE 10, 1996 ECKER **Physician** ELVA 425PM JULY /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Daath Examiner Carroll County General Hospital Westminster Carrol1 7. Age (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. Months Days Hours Min. March 5, 1 5. Social Security Number Birthplace (Stata or Foreign Country) **Funeral** 1□M 20 F 219-07-4135 Director 1921 Virginia Usual Rasidance of Decedent death with the Marylend 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be notified at Director 1 ☐ Yas 2 X No Maryland | Carroll Finksburg 10e. Sfreet and Number 10f. Zip Coda 10g. Citizan of What Country? Items 23s or 2105 Woodview Rd. Finksburg U.S.A. Funeral 12. Was Decedant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amarican Indian. Black, Whita, atc. Pages 1 end 2 should be filed within 72 hours after 1 ☐ Navar Married 2 ☐ Married altimore, Maryland 21215-0020 natural, or 1 ☐ Yas 2 ☒ No Specify: Specify: White by 3 Widowed 4 □ Divorced Yaar or Datas: Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Hygiene. Elamantary/Secondary (0-12) Collage (1-4or 5+) Seamstress Clothing Factory 18. Mothar's Nama (First, Middla, Maldan Sumama) 17. Fathar's Nama (First, Middla, Last) Be of Health end Mental: If item 27 le marked o Leonard Smith E. Gay Hylton 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Virginia Brown 2105 Woodview Rd. Finksburg, Md. 21048 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Department of H Important: If its any Injury or of once. 1 Burial 2 □ Cramation 3 □ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Pipe Creek Cemetery 7/13/96 Linwood, Maryland 22. Name and Address of Facility re of Funeral Service Licenses D.D. Hartzler New Windsor, Md. 21776 23a. Parf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Between Onsaf and Death **Physician** /Medical Immediata Cause (Final NON SMALL CELL LUNG CARCINOMS MONTH disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence of): METASTASIS Examiner The lew requires that the deeth certificate be executed -tran Sequantially list conditions, if any, laading to immediata ceusa. Entar Underlying Causa (Disease or Injury that initiated events rasulting in death) Last physician a Box 68760. Physician/Medical the Dua to (or as a consequance of) attending for use as Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying course given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings available prior to completion of ceusa of death? Completed 24a. Was an autopsy is certificate has director, page 2 1 Yas 2 No 1 Tyas 2 Tho Hospital or Attending Physician: 24 hours after death. Be 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Residence 6 Other (Specify) P 1 Yas 2 No 1- Inpatiant 2 ☐ ER/Outpatienf 3 ☐ DOA this funerai 27. Manne of Death 28a. Dala of Injury (Month, Day Year) 28c. Injury al Work? 28b. Tima of 28d. Dascribe how injury occurred Medical Certification: After 5 Panding Invastigation Natural 1 ☐ Yas 2 ☐ No 2 Accidant d in by the 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 | Homicide within 24 hours aft To the Funeral Di completely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier the 29c. License number 29d. Data signed (Month, Day, Year) 29b. Slonatura and fitla of certifias 30. Nama and addrass of person who complated ceusa of death (Itam 23a) (Type, Print) SCHREIBFERER, M 200 MEMORAL AVENUE WESTMINSTER MARYLAND 32. Ragistrar's Signature 31. Data filed (Month, Day, Year) State

Registrar

<u>JUL 15 1996</u>



State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Physician Helena A. Ehleben July 6, 1996 2:30 AM /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 8144 Hartford Avenue Silver Spring Montgomery H Under 1 Yeer if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year)
Months Deys Hours Min. March 28, 1903 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 20X F Yrs None 93 Director Germany Usuei Residence of Decedent with the Maryland 10b. County 10c. City, Town or Location 10d. inside City Limits ir then "natural", or items 23s or 28s-f show 1 ☐ Yes 2XXVIO Directo Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8144 Hartford Avenue death . 20910 Funeral United States 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritei Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. hours after 1 Never Merried 2 Merried 1 Yes 2/No 1 ☐ Yes 2 No þ Specify 3 □ (Widowed 4 □ Divorced White Yeer or Detes Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 7 Il Hygiena. is marked other than Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Mental Friedrich 2 Romer Emma Grossman 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Haalth tem 27 i Michele Vobe Same as 10 item 2 20b. Piece of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition permit. Pagas 1 Department of H Dete 20c. Location - City or Town, Stete Important: If it any injury or o 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete Chesapeake Crematory 4 □ Donetion 5 □ Other (Specify) 7-6-96 Beltsville, Maryland 21. Signeture of Funerei Service Licenses 22. Neme end Address of Fecility Rapp Funeral Services, P. A. lee 933 Gist Avenue, Silver Spring, MD 20910 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. **Physician** Immediate Ceuse (Finel disease or condition resulting in deeth) /Medicai Aspiration Pneumonia 1 month Examiner Due to (or es e consequence of): Physician/Medical Examiner Ischemic Heart Disease 4 years attanding physician and for usa as the burial-transit certificata be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events Due to (or es e consequence of) Alzheimer's Disease 4 years Due to (or es e consequence of) resulting In deeth) Lest Generalized Arteriosclerosis 10 years Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detact 1 Yes 2 No 3 Probably 4 Unknown Starvation of Vital Records, þ 24b. Were eutopsy findings available prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? page 2 cartificata has 1 Yes 2 No 1 ☐ Yes 2 X No director. 25. Wes case referred to medical exeminer? Be 28. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Aftar this funaral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: Division 1 DN Neturei 5 Pending Investigation 1 Yes 2 No death. 2 Accident aftar deat Director: 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide ò Hospital 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end pieca, and due to the cause(s) end menner stated. 29e. Certifier edical within 24 hor To the Fune completely fi (Check only one) 29b. Signeture and title of certified 29c. License number 29d. Dete signed (Month, Dev. Year) Jerry (and me July 6, 1996 30. Name end address of person who completed dause of deeth (Item 23e) (Type, Print) D., 4977 Battery Lane, #106, Bethesda, MD 20814 Roland Imperial, M. 31. Dete filed (Month, Dey, Tear, 0 8 1396 2. Registrar's Signeture State

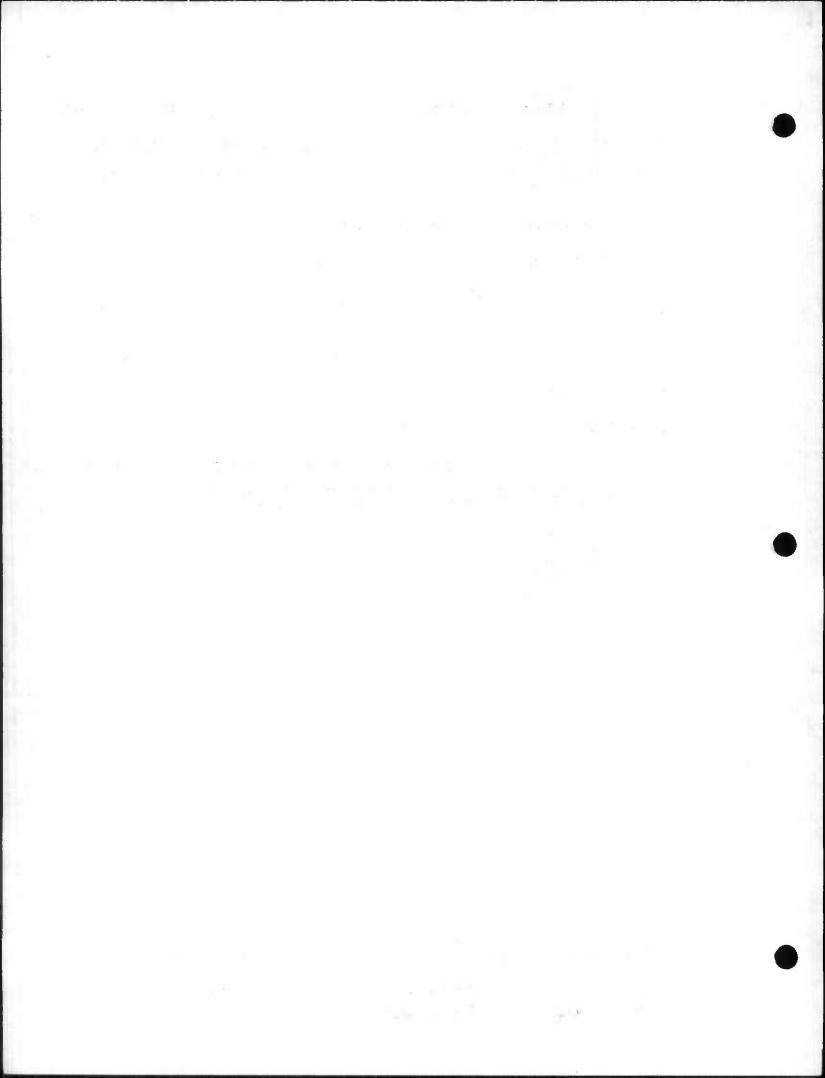
DHMH 16 Rev 6/95

Registrar

for Montgomery County.

Deputy ME

Released by Francis C. Mayle, Jr.,



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time Q29AM 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death Time of Deeth **Physician** Month RUTH L. EVANS JULY 13 1996 /Medical 4a. Fecility Neme (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** ANNAPOLIS NURSING & REHAB. CENTER ANNAPOLIS ANNE ARUNDEL 5. Social Sacurity Number if Undar 1 Yaar | If Undar 24 Hrs. 6. Sax 7. Aga (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foraign Country) **Funeral** Days 1 M 2 1 € F Yrs Director 577-52-8674 89 FEB. 14 1907 OHIO Usual Rasidanca of Decedent death with the Meryland 10a. Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits d 2 should be filled within 72 hours efter death with the Marylen th end Mental Hygiene.

7 is marked other than "natural", or items 23a or 28a-f show traumetic event, the Medical Examples must be not to a traumetic event, 1 X Yes 2 □ No Directo MARYLAND ANNE ARUNDEL ANNAPOLIS 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 1012 BOUCHERR AVENUE 21403 US Funeral 12. Wes Decedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ॲ No If Yes, Giva Yaar or Dates: Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Bleck, White, atc. 1 ☐ Nevar Merried 2 ☐ Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: à Specify: WHITE 3 X Vidowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME permit. Peges 1 and 2 should be file Department of Health and Mental Hy Important: If item 27 is marked other any Injury or other traumatic event. 17. Father's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Meidan Surnama) Be EDWIN L. JACOBY MABEL J. LUELLEN 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Neme/Reletionship (Type, Print) PATRICIA KREUTZER (DAUGHTER) 1012 BOUCHER AVE. ANNAPOLLIS, MD. 21403 20b. Pleca of Disposition (Nema of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burlei 2 ☐ Crametion 3 ☐ Ramovel from State 4 ☐ Donation 5 ☐ Other (Specify) METRO CREMATORY 7/14/96 BALTIMORE, MD. 21. Signeture of Funerel Service Licansee 22. Neme end Addrass of Facility WM. REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 21401 leas 23e. Pert1. Entar tha disease, or complications that causad the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feiture. List only one cause on each line. Approximeta Interval Between Onset end Deeth **Physician** Immediate Cause (Final disaasa or condition resulting in death) /Medical Examiner Due to (or as e consequence of) Examiner physician end s the buriel-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In deeth) Last Due to (or es e consequence of) Box 68760 Physician/Medical Due to (or as e consequence of) 98 ettending p signed by the el Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. Division of Vital Records. P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Unknown à 24e. Wes an autopsy performed? 24b. Were autopsy findings aveilable prior to completion of cause of daath? Completed peed has certificate 1□ Yas 2♥ No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) P 1 ☐ Yes 2 🗷 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: i or Attending F efter death. Director: After After 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Pieca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide Hospital of 24 hours e
 Funeral D edicai 29a. Certifier 1🖾 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end dua to the cause(s) and manner as steted. 2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. To the I within 2 29b. Signature tirist title-of certif 29c. License number 29d. Date signed (Moryh, Dey, Year) Mudel

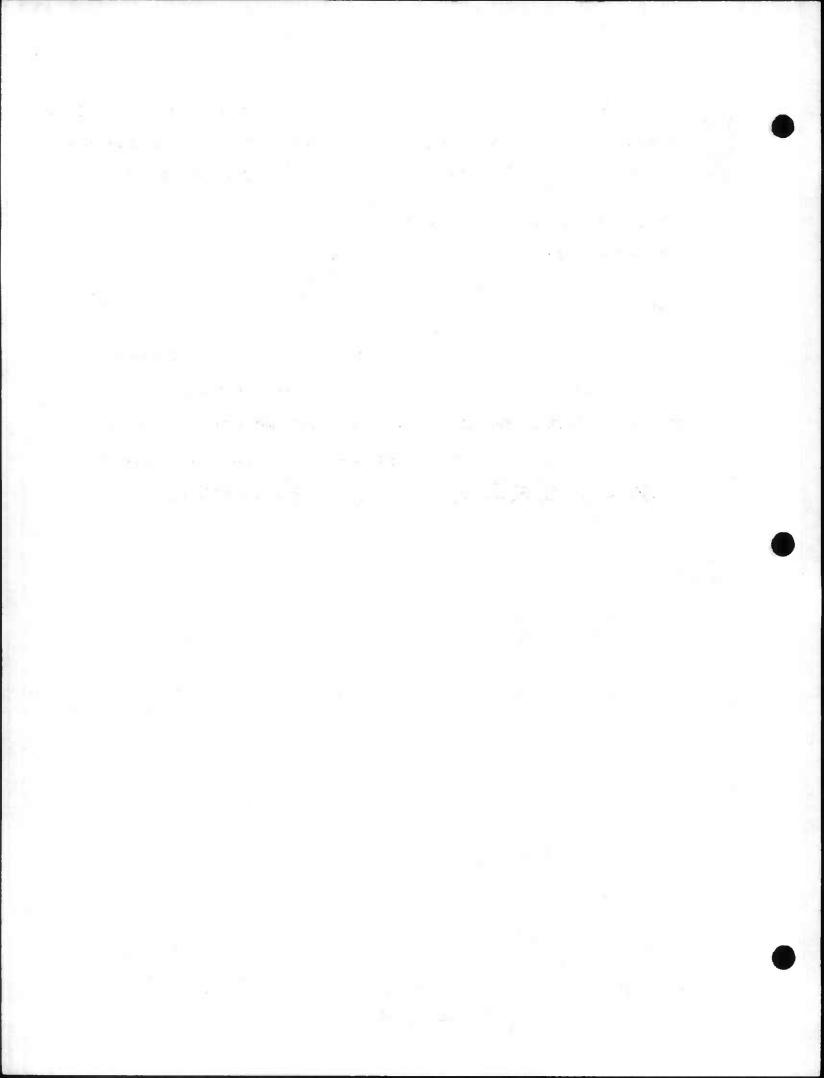
Annapolis, Md. 21401

State Registrar 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

hman,

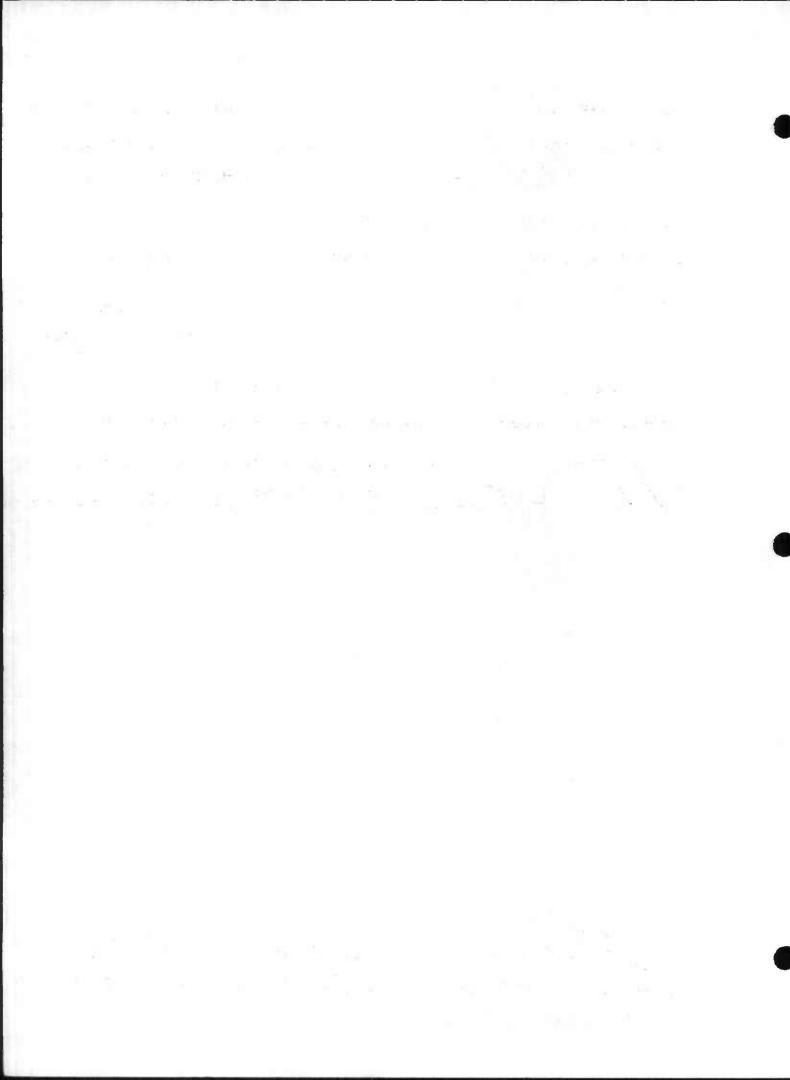
m.D.

Registrar's Signetura



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 11. Advantaged / Department of Health and Mental Hygiene

						Cer	tificate	of	Death			Reg. No.				
			1. Decedant'a Nema (First, Middle, L.	ast)							2. Date of De	ath		3. Time of	Death	
	Physic		MILTON JOSEPH FA	ALK							Month July	Day	1996	6:00	A.M.	
	/Medi Exami		4a. Facility Nama (If not Institution, gi)				4b. City, To	wn, or L	ocation of Death		County of Deat		A.II.	
	LAGIIII	iei	329 Gorman Avenu						Laur	e1.			rince G			
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. last birthdey) If Undar 1 Year If Under								8. Date of Birt (Month, De			thplace (State ountry)	or Foreign	
н	Director		066-20-0206	1∭ M 2□ F	69	Yrs.	Months	Days	Hours	Min.	April 2	4, 19	927 Nev	v York		
	P .		Usual Rasidance of Decedant		10.00.00											
	styla show det	-	10a. State 10b. County		10c. City, Tov									10d. inside C		
	A Park	cto	Maryland Montgo	omery	Silv	er S	pring							1 🖾 Yas	2 L No	
	5 9 G	Directo	10e. Street and Number				10f. Zip C	Coda				10g. Citiz	en of What Co	ountry?		
	death with the Maryland ms 23e or 28e-f show r.must be notified at		3151 Adderley Cou	ırt			2070						ed Stat	es		
		Funeral	11. Maritel Status	12. Was Decedent Armed Forcas	?	13. V	Vas Deceda Yes, apecif	nt of h	Hispanic Ori en, Maxicar	gin? (Sp n, Puarto	ecify Yas or No Rican, etc.)	- 1	 Race - Ama Biack, White 			
20	within 72 hours after death with the Marylar ene. than "natural", or items 23e or 28e-f show the Medical Examiner must be notified at	by F	1 ☐ Never Married 2 ☐ Married 3 🖾 Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☒ If Yes, Giva	No	1	☐Yes 2	X No	Specify:			5	Specify:			
8	Maria Maria		15. Decedent's 8	Year or Datas:	40.	Doord	lantia Havat	0	nation			10h Kla		nite		
15	n 72 ho "natur redisal	Completed	(Specify only highest gr	ade completed)	108	(Give	ant's Usual kind of work OO NOT use	done	during mos	t of work	ring	Den t	of Lab	or		
12	Part of the same	ᄩ	Eiamantary/Secondary (0-12)	Collaga (1-4or			sticia		-,				_	vernment		
P	Maryland 21215-0020 of 2 should be filed within 72 hours at th and Marnal Hyglene. It is marked other than "natural", or treumetic event, the Medical Exami		17. Father's Nama (First, Middle, Las		<u> </u>	Lati	SLICI	all	18. Motha	ar's Nam	e (First, Middle,	CITIMET				
an			George Falk								h Krieg					
2	2 should and Men is marks sumstic	2	19a. Informant's Name/Ralationship	(Type, Print)	19	b. Mailin	a Address (Street					Town State 2	Zin Coda)		
	of the state of th		Emily M. Moser -				-				Jural Route Number, City or Town, State, Zip Coda) Jurel, Maryland 20707					
Baltimore,	The Hand		20a. Mathod of Disposition		20b. Place	of Dispo	sition (Neme	of .		1	Data	20c. Loc	ation - City or	Town, Stata		
2	permit. Pages Department of Important. If its any Injury or o		1 Burial 2 Cremetion 3 4 Donation 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				netory or oth			i	7-6-96 Brentwood, Maryland					
=			21. Signature of Funeral Service Line	Diam.	rort	1	oln C: Nama end				-6-96 Brentwood, Maryland					
ä	permit. Departr Imports any inji		0/15	1 1		Hi	nes-R	ina	ldi F	uner	al Home					
		4	Part 1 Enter the disease or for	July he	d the death. Do	11	800 N	ew	Hamps	hire	Avenue	, Si	lver Sr			
	2 86	/	Part1. Enter the disease, or con shock, or heart failure. Listforth	one causa on each i	ina.	THOU GITE	31 (110 111000	or uy	ing, suon su	oardioo	or respiratory at	iast,		Approximat interval Bat Onsat and	ween Death	
0	/Medical		Immediate Cause (Final	/			. /	^		_				3 m		
	Examiner		disease or condition resulting in death)		_u	2	-		ne	e	1			> m	0	
		ē	1.5.7. 5.6111.5. 11.5.		Due to (or as a	conse	uance of):						i			
	patra ties	Examine	•	b	D	10-17-2	1 0						i			
	cate be executed physician and s the burlat-fransit	Exa	Sequentially list conditions, If any, leading to immediate cause. Enter Underlying Cause. Disease or injury													
760	alicia burd															
68760,	certificate be an iding physician i	edical	resulting in death) Last													
~	ndin use use	N/u	_	d												
Bo.	death or a attand ad for us	Physician	Part II. Other significant conditions	contributing to death t	out not reculting	In the us	dadulaa car	lee ah	van in Part I		23h Did	lohacco u	es contribute	to the cause	of death?	
0	2 44	ty S	Tutti. Ottor alginicant conditions	with butting to death to	out not resulting	III LIIIZ GI	idanying cac	isa gr	valilitalli	•	1 🗆			robably 4		
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Records,	ed pinor										24a. Was			Wara autopsy		
8	~ D 10	lete									perio	rmed?		available prior t completion of c of death?		
æ	The law ate has b page 2 a	Completed											,			
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Vital	yalcian s certifi director	o Be	25. Was case referred to medical examiner?	Hospital:	-5000	507	•====	Ott	har		h (Check only o			National Control		
9	# 53	-	1 Yes 205 No 27. Manner of Death	1 ☐ Inpation		utpatien Tima of		\	4 🗆 NU	irsing Ho	ome 5 Rasio		- ' '	cify)		
ö	Allar	tion	1 Majatural 5 ☐ Pending	(Month, De	y Year)	Injury	M	c. Inju Wo	rk?]Yas 2 □	No	EOU. Dascribe (iow injury	COCUME			
S		lica	3 Suicide 6 ☐ Could not b	00 Place of le	iune At home f	arm etre			, 143 Z		28f. Location (S	Street and	Number or Ri	ural Pouta Num	her	
Division	or Attan after deal Director: i in by the	Certification:	4 ☐ Homicide determined	building, at	c. (Specify)	aiii, siie	et, lactory,	Onice		_ d	City or Tov	vn, Stete)	Number of Fig	urar Floure real	Der,	
-	Hospital 24 hours Funaral stely filled		29a. Certifiar 1/5 Certifying Pt	nysician: To tha best	of my knowledg	a death	occurred at	the ti	ma data an	d place	and due to the	coupa(s) s	and manner or	etatad		
	To the Hospital or within 24 hours after To the Funeral Direction completely filled in	edical		miner: On the basis o	f axamination at	nd/or inv	astigation, Ir	n my c	opinion, daa	th occur	red at tha tima,	data and p	place, and dua	to the cause(s)	
	To the within To the comple	×	29b. Signature and titlerof confider	-			29c. l	Licens	sa number			29d. Data	signed (Monti	h, Dey, Year)		
•	0		1011	us -			7) :	210	51		7	15/	9/-		
,	10		30. Nama and addrass of person who	complated cause of	laath (Itam 23a)	(Type !	Print)	•	- ('		,		1-1	10		
	/		6hn Barr	un)	10211 1	1	nn 1	An	ve k	Car	sino	ton	m	0 208	95	
	Sta	te	31. Date filed (Month, Day, Year)	32. Registr	rar's Signature	~ /	\	1.	-(7	1011	1			
	Registr		JUL 0 9 199		Davidson-7	Pande	00_									



State of Maryland / Department of Health and Mental Hygiene

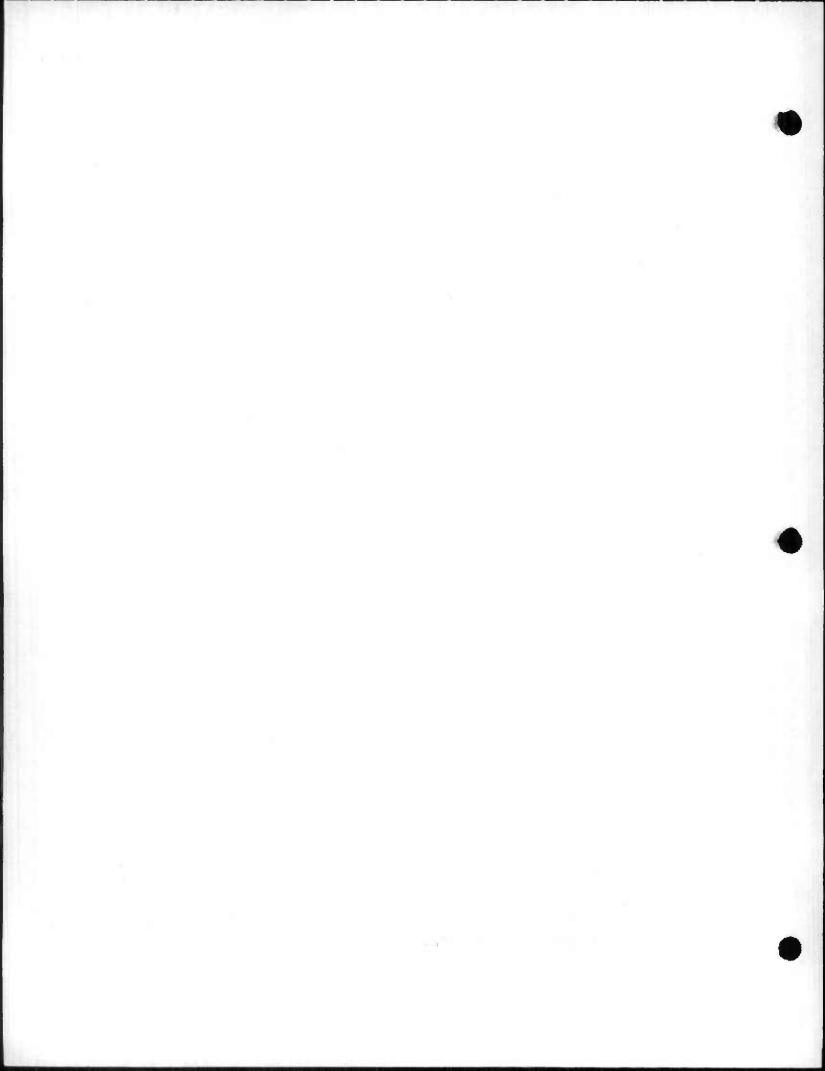
Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Deta of Death 3. Time of Death Month Dev **Physician** 10, 1996 LILLIAN MIRIAM FOLKERS JULY 04:32 PM /Medical 4a. Facility Neme (If not institution, giva straat and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner MALCOLM GROW MEDICAL CENTER CAMP SPRINGS PRINCE GEORGES | If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Dey, Year) | Min. | Min. | MARCH 19,1921 7. Age (In yrs. last birthday) 5. Sociei Security Number Birthplaca (State or Foraign Country) **Funeral** Months 1 ☐ M 2 🗓 F Yrs 75 Director 220-28-6183 Usuei Residence of Dacedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show pernit. Pages 1 and 2 should be filed within 72 hours aftar death with the Maryla. Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Items 23a or 28a4 show any Injury or other traumatic avent. I'm Medical Examiner must be not ted. 1X Yas 2 No Director Maryland Charles Indian Head 10e. Street end Number 10f Zip Code 10g. Citizan of What Country? Funeral Rt. 2, Box 62A 20640 U.S.A. 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Mantel Stetus 14. Rece - Amaricen Indian, Bieck, White, etc. 1 ☐ Yas 2 ☑ No If Yes, Give Yeer or Detas: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: À 3 Widowed 4 □ Divorced White Completed 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Homemaker Her Home 17. Fathar's Neme (First, Middla, Last) 18. Mothar's Name (First, Middle, Meidan Sumame) Be 9 Oliver George Buck Florence Marie Warner 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9522 Tudor Oaks Drive, Manassas, Va. 20110 Kenneth Allen Folkers Son 20b. Plece of Disposition (Name of cematary, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete Buriai 2 Cremation 3 Removel from Stete
4 Donetion 5 Other (Specify) LaPlata, Maryland Mount Rest July 14, 1996 21. Signeture of Funerel Service Licensee 22. Nama and Addrass of Facility Williams Funeral Home, P.A. 23a. Pert1. Enter the disease, or complications the caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heert failure. List only one ceuse on each line. Approximete Interval Between Onset end Death **Physician** Immediete Cause (Finel diseese or condition resulting In deeth) /Medical RESPIRATORY ARREST MINUTES Examiner Due to (or es a consequence of): Examiner CHRONIC OBSTRUCTIVE LUNG DISEASE EXACERBATION DAYS The law requires that the death certificate be executed Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated evants resulting in death) Lest Due to (or es a consequence of): physician a Division of Vital Records, P.O. Box 68760, CHRONIC OBSTRUCTIVE LUNG DISEASE Physician/Medical Dua to (or as a consequance of): signed by the aid be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yaa 2 ☐ No 3 ☐ Probably 4 ☑ Unknown NON Q WAVE MYOCARDIAL INFARCTION þ should should 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24e. Wes en eutopsy performed? 1 Yes 2 X No certificata 1 ☐ Yes 2 ☐ No or Attending Physician: 8 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Yas 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funaral Certification: 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After s after deau... 1 🖾 Neturel 5 Pending investigetion 1 □ Yas 2 □ No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 Suicide 28e. Plece of Injury - At homa, ferm, street, fectory, office building, atc. (Specify) 4 ☐ Homicide n 24 hours aft • Funeral Di plately filled in Hospital edical 29e. Cartifier 1X Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, end due to the cause(s) end menner es steted.
2 Madical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end menner steted. plately (Check only within 2 290. Signature and title of certifles 29c. License number 29d. Dete signed (Month, Day, Year) 4301406999 JULY 10,1996 rleuc 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) 89 MDG / 1050 W PERIMETER RD SUITE C1-7 ANDREWS AIR FORCE BASE, MD 20762-6600 JAMES W. ORTMEYER, MAJ, USAF, MC 32 Hegistrer's Signeture Which Wheelen Randell 31. Date filed (Month, Dey, Year) State JUL 1 2 1996

Registrar

rvani "a Fai BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN				HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Marie M. For				2. DATE OF MONTH	3. TIME OF DEATH 3:30 Ame							
	4. SOCIAL SECURITY NUMBER 218–46–2638	5. SEX 6. AGE (In yrs. 1 1 M 2/1 F 85	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN.		Nay, Year)	Cou	8. BIRTHPLACE (State or Foreign Country) Maryland NTY OF DEATH				
TOR	90. FACILITY NAME (If not institution, give atre 1100 01d Westmin RESIDENCE OF DECEMENT				ninster	ATH	9c. COUNTY OF DEATH Carroll						
DIRECTOR	100. STATE 10b. COUNTY MD Carro	11	10c. CITY, TOWN			- 15	10d. INSIDE CITY LIMITS? 1 YES 2: NO						
FUNERAL	100. STREET AND NUMBER 1100 Old Westmin	ster Pike			ZIP CODE		10g. CI	WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 13	If yes, spec	NDENT OF HISPAN city Cuban, Mexica 2 NO Specify	n, Puerto Ric	Specify Yea or No— an, stc.)	CE — American Indien, sck, White, atc. ec/ly: White					
COMPLETED	16. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 8 +)	DECEDENT'S USUAL. (Give kind of work don life. Do NOT use retired	e during mos !.)	N t of working	16b. KIND OF BUSINESS/INDUSTRY							
MP	8		Housewife	2			Housework						
8	17. FATHER'S NAME (First, Middle, Last)						ldle, Maiden Surname)						
BE	Cleveland Barnha	rt			Della								
2	Dorothy Munshaur		196. MAILING ADDRE						MD21157				
	20a, METHOD OF DISPOSITION		CE OF DISPOSITION (r tke	20c. LOCATION -						
	1 Burial 2 Cremation 3 Remote 4 Donation 6 Other (Specify)		lary's Cen				Silver Run, MD						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE / 22. NAME AND ADDRESS OF FACILITY												
	· Ouch m.	1 Little	J / 1	34 Mar	ole Ave.	Little	estown, PA	173	40				
NOIL	23. PART I. Enter the diseasea, or complications that caused the death, shock, or heart failure. List only one cause on sach line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d												
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	eather Heart	ot resulting in the	underlying	cause given in	-	44. WAS AN AUTOPS PERFORMED?	46. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 JAG*					
X	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
SIC	EXAMINER? 1 YES 2 HO	HOSPITAL: 1 Inpetient 2 ER/Outpetient	3 DOA 4 N	ER: lursing Home	5. Residence	6 🗆 Other (r (Specify)						
	27. MANNER OF DEATH 1 Return 8 Pending investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW INJURY OCCURED 0								
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)												
COMPLETED	29e. CERTIFIER (Check only one) 29m. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 20m. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 20m. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.												
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER 65	1 1 - 1 - 1 - 1						
5	30. NAME AND ADDRESS OF PERSON WHO	n Staffer	SINHO	we su	- Vile	mo/4	fotene	w	7 21074				
		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											



Piease Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate of	Death		Reg. No.					
Г	Dharatai		1. Decedent's Name (First, Middle, Li				2. Dete of D	_	Voor	3. Time of Death					
	Physici /Medi		CHARLES I	ELLSWORT	CH		FORRES	ST	JULY	9 19	9 ^{Year}	6:50 PM			
	Examir		4a. Facility Nama (If not institution, git ST. MARTIN NEC			4b. City, Town	or Location of Dea			of Death ESTER					
Г	Funeral		Social Security Number 8.3	last birthday) If Undar 1 Yaar If Undar 24 Hrs. Months Days Hours Min.				irth le <i>y, Year</i>)	9. Birthp	thplace (Steta or Foraign					
	Director		219-14-2775 Usual Rasidance of Decedent	83	Yrs.	Widthis Day	110013	APR.1	0,1913	MAR	MARYLAND				
	Mend Mend	by Funeral Director	10a. State 10b. County			1	10d. Inside City Limits								
21215-0020	e Man		MD TALE	ЗОТ		OXFORE)			1X Yes 2□ No					
	章 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		10e. Street end Number				10f. Zlp Code			10g. Citizen of	What Coun	itry?			
	ath w		404 MAIN ST.	12. Was Decede				654		US					
	er de		11. Marital Stetus		Vas Decedent of Yes, specify Cu	Hispanic Origin ban, Maxican, F	1? (Specify Yes or N Puarto Rican, atc.)		ce - Amaric ck, White,						
	s 1 and 2 should be filed within 72 hours effer death with the Maryland if Health and Mental Hyglene, them "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at		1 Never Married 2 Married 3 Nidowed 4 Divorced	1 ☐ Yes 2 If Yes, Give Yaar or Date		1	☐ Yes XXNo	Specify:		Specif	ITE				
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an	od be	To Be	ERNEST BENJAN				LLEN PAS		na)						
Baltimore, Maryland	2 should be filed vend Mental Hygle is marked other tannatic event, the		19a. Informent's Name/Raietionship		(EDI	19b Mallin	a Address /Stree		or Rural Route Num		State Zin	Code)			
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			20a. Method of Disposition		sition (Neme of netory or other pl	ace)	Date	20c. Location - City or Town, State							
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	pemil. Page Department (Important: If any injury or		21. Signature of Funeral Service Licensee 22. Name and Address of Facility FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME												
_	80549		15. Kell	Phym	JUFS							NERAL HOM			
		Examiner	23a. Part1. Enter the diseesa, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory arrest, shock, or haert failure. List only one ceuse on each line. Approximate interval Between												
	Physician /Medical Examiner		Immediate Ceuse (Final	100			1	Onsat end Death							
			disease or condition rasulting in death)	1	AIL	11-12				D VENES					
				FA	Dua to (or	as a consequ	uence of):	DIOT	UDPATT	14	10 VEMC				
	ocuted nd transi		b												
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68760,	ertificate be executed ling physician end se es the buriel-transit	edical	that initiated avents resulting In death) Last Dua to (or as a consequence of):												
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$\mathbf{\omega}$	death e ette	sicia	Part It. Other algnificant conditions of	contributing to deat	23b. Did	23b. Did tobacco use contribute to the cause of death?									
P.O.	requires thet tha death been signed by the etter should be detached for t	ed by Physician				1 Yes 2 No 3 Probably 4 Unknown									
Division of Vital Records,	v requires been sign should be				24e. We	24e. Wes an autopsy performed? 24b. Were au available									
900	× 000	plet		_	complati of death										
ď	The lew ate hes b page 2 s	Certification: To Be Completed							10	Yes 20 No	10	Yes 2□ No			
Ita	Physician: The this certificate rail director, pag		25. Wes casa referred to medical axaminer?	Death (Check only	ona)										
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	To the Hospital or Attending Ph within 24 hours effar death. To the Funeral Director: Affer the completaly illed in by the funeral	edical (29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred at tha tima, date and place, and due to the cause(s) and menner es stated. Check only one) Certifying Physician: To the best of my knowledge, death occurred at tha tima, date and place, and due to the cause(s) and menner es stated.												
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			M. Pan MD D00250 7/11/96												
			30. Nama and addrass of person who complated cause of deeth (Item 23e) (Type, Print) C.R.W. BAIN, M.D., 415 E. DOVER ST., EASTON, MD 21601												
	Sta	te	31. Dete filed (Month, Day, Year)	32. Regi	istrar's Signat	ure			,						
	Registr		JUL 1 1	1996	Julia Da	vidson-A	anders.								
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State of Maryland / Department of Health and Mental Hygiene 96

								Cer	titica	te of	Death			Reg. No.				
			1. Decedant's Nam	a (First, Middla,	Last)								2. Data of D				3. Time o	t Death
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	d within 72 hours after deeth with the Maryland Jene. r than "natural", or items 23a or 28a-f show the Madical Examiner must be notified at		21556 Ma	arsh Cre	eek Road				21	655				USA				
	na 2	era	11. Marital Status			cedant Evar I	n U.S.	13. V			lispanic Ori	igin? (Sp	pecify Yas or No- D Rican, atc.) 14. Race - Amarican India Black, Whita, atc.					
Maryland 21215-0020	The second	Funeral	1X Navar Marri	ed 2 Marrie	Armed F	orcas?		If	Yas, spe	cify Cub	an, Maxicar	n, Puarto	Rican, atc.)			Whita, atc.		
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Baltimore, M	alth a		Alice F	. Mvers				1080)5 N.	Ker	vs Roa	ad. 1	Brandywine, Md. 20613					
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39	permit. Peges 1 and 2 should be filed Department of Heelih and Mental Hyg Important: If item 27 is marked other any injury or other traumatic event, ance		21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility Bennie Smith Funeral Home															
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	Physician	1														Or	nset and	Death
	/Medical Examiner	ler	Immadiata Causa (Final		7011	Lo	ina	160	7/20	1-1	23.2	Dar	a tion	~	- 1		
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Bo		lan																
	0 0 %	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							23b. Did tobacco use contribute to the cause of death?								
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	To the Hospital or Attending Ph within 24 hours efter deeth. To the Funeral Director: After thi completely filled in by the funeral	edicai	(Check only one) 2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.												s)			
	ithin of the complete of the c	Me											29d. Dat	a signed (Month, Day	v. Yaari		
	F≱Fö		29c. Signature and title of certifier MD 29c. Licansa number 29d. Data signed (Mo. 7 6									1/0	1					
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	Physic	an	1. Decedent's Neme (First, Middle, La	st)					2. Dete of D		ev	Year	3. Time of De	
	Physici /Medi		ALBERT FRANKE						JULY	18		96°	1:10 A	M
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			MANOR CARE LARGO		the same dense his	db ala	If Under 1 Yeer	LARGO	I Hrs. To Day - 4 B					
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	yeur yeur		10a. Stete 10b. County		10c. City, Tow	n or Loc	ation					10	0d. Inside City L	.lmits
	the Men 28a-f sh	Director	MARYLAND PRINC	E GEORGES	LAUREL	ı	10f. Zip Code			100.0	itizen of W	What Coun	1 √ Yes 2 [□No
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Maryland 21215-0020	should be filed ind Mental Hygi i marked other umatic avent, I	To Be	17. Fether's Neme (First, Middle, Last, MORRIS FRANKEL)					s Neme <i>(First, Middi</i> ALTMAN	ie, Meide	n Sumem	Θ)		
	nd 2 shoulth and 27 is marriage.		19e. Informent's Neme/Reletionship (MARTIN FRANKEL						or Rural Route Num OWIE, MAR				Code)	
Baltimore,	5 5 5		20a. Method of Disposition 1 X Buriel 2 ☐ Cremetion 3 ☐	Removal from State	20b. Plece of cemeter	f Dispos	ition (Neme of etory or other ple	ece)	Dete	20c.	Location -	City or To	wn, Stete	
Ë	A # 9 8		4 ☐ Donetion 5 ☐ Other (Specif	y)	SHARO	N ME	EMORIAL	PARK	7/11/96	SH	ARON,	, MAS	SACHUSE	TTS
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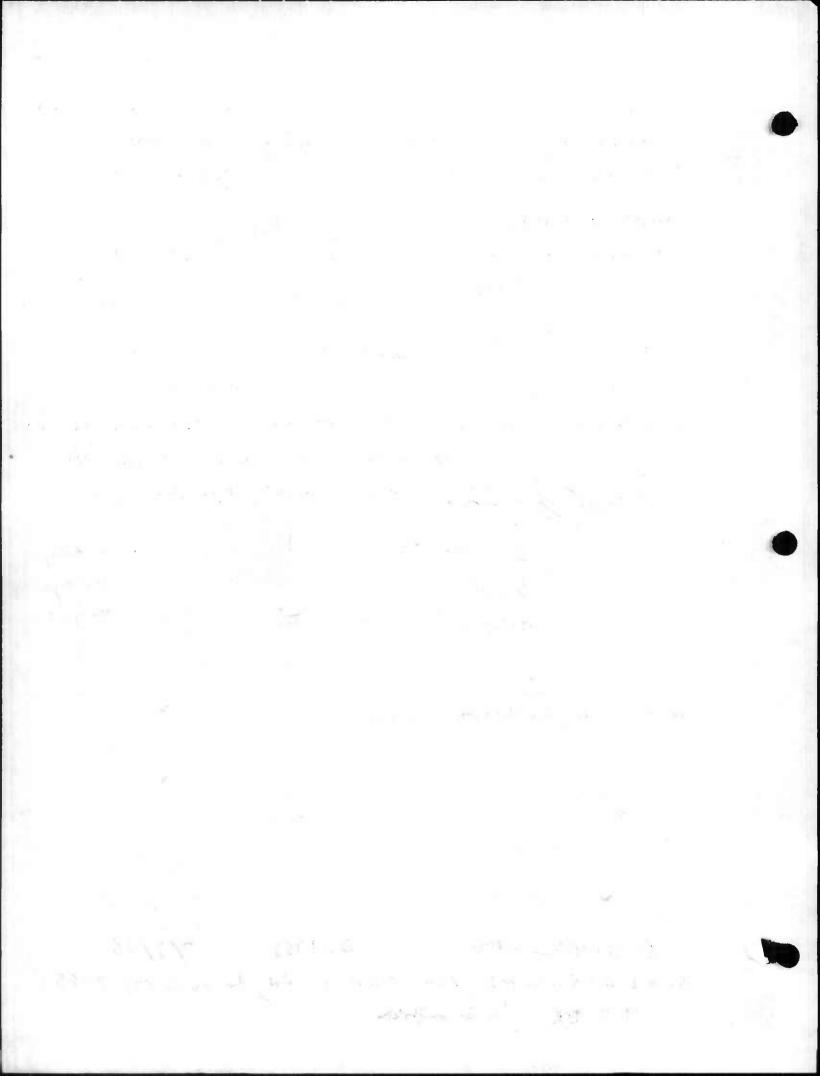
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	how		10a. Stete 10b. County	10c.	City, Tow	n or Location				1	10d. Inside City Limits
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21	Hygiene. Hygiene. ther than "	npi	Elementery/Secondery (0-12)	College (1-4or 5+)		(Give kind of work dor life. DO NOT use reti	red)	on and			
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yla	2 should be and Mentel is marked o	2	Bernard J. Fitz	patrick			Ruth	Mitchel	1		
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-	C = N -		Ruth M. Fitzpatr		151	107 Interla	chen Dri	ve #707	Silver S	prin	g,Maryland
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at	permit. Peg Department important: h any injury o		21. Signeture of Funerel Service Lice	nsee		22. Name end Add	ress of Fecility				Parier a There
m	88558		m.l.	$\mathcal{O}(1)$		Francis J					
			23a. Pert1. Enter the disease, or con shock, or heart feilure. List only	pilcetions thet caused the de	eth. Do r	500 Unive	ying, such es cardi	ec or respiretory	II. Spr.	MD	20901 Approximete
B	Physician		snock, or neart leilure. List only	one cause on each line.						1	Intervei Between Onset end Deeth
	/Medical		Immediate Cause (Final disease or condition	LIVER		CIRRH	2120			1	
п	Examiner		resulting In deeth)	0		consequence of):				1	
_		Je.		. HEPA						1	
	law requires that the death certificete be executed ass been signed by the ettending physicien and a 2 should be detached for use as the burial-transit	Examiner	Sequentially list conditions			consequence of):					
o,	en a		Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury	ACUT	2	RENA	1 FA	ILUR	E	į	
68760,	ote by nysici	ca	thet initiated events resulting in death) Lest	c. Due to	(or es e c	consequence of):				-	
	nifice ng ph es t	Medical	resulting in death, Lest							i	
Box	eath cer ettendir I for use	an/		d							
400	deal	Physician/	Pert II. Other significant conditions	contributing to death but not r	esuiting in	the underlying cause	given in Pert I.	23b. Did	tobacco use co	ntribute to	o the cause of death
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	ras that the de signed by the e	by f									/\
ord	v requira been sig should b							24e. Wes	s en eutopsy ormed?	90	ere autopsy findings rellable prior to
20	aw re 2 sh	ple								co	empletion of cause death?
æ	0 - 5	Completed						10	Yes 2 No	1[yes 20 No
ta	ician: Th	Be C	25. Was case referred to medical				28. Place of D	eeth (Check only			
of Vital Records,	Physician: r this certific rrai director,	To	examiner?	Hospitel: 1 inpatient 2	□ ER/Ou	tpatient 3 DOA	Other	Home 5 ☐ Res		er (Specif	(v)
0	Ph er thi		27. Menner of Death	28a. Dete of Injury (Month, Day Year)	-	ime of 28c. In		_	how injury occur		,,
Division	Attending ir death. octor: After by the fune	atio	1 Naturel 5 ☐ Pending investigation		"		ork/ ☐Yes 2☐No				
Vis	Attending of death octor: A by the f	HIC	3 ☐ Suicide 8 ☐ Could not be determined	289. Piece of Injury - At		rm, street, fectory, offic	e	28f. Location	(Street and Numb	er or Rura	al Route Number,
ā	s after a fin Direct of in by	Certification:	4 🗆 Homode	building, etc. (Spe	ciry)			City of 10	wn, Stete)		
	the Hospital thin 24 hours of the Funeral I mpletely filled		29e. Certifier Certifying Pl	nyelclan: To the best of my k	nowledge	, deeth occurred at the	time, dete end pled	e, end due to the	cause(s) end me	onner es s	teted.
	He Ho	edical	(Check only 2 Medical Examone)	miner: On the basis of exami end menner steted.	netion end	d/or investigation, in my	opinion, deeth occ	curred et the time,	, dete end place,	and due to	the ceuse(s)
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Ň	29b. Signeture end title of cartifier				nse number		29d. Dete signe	d (Month,	Day, Year)
			4			D4	5045		JULY	07	1996
	10		30. Name and address of person who	completed cause of death (It	em 23a) /	T D					0
	4		ACBOCI	4 N.	NOR	THWEST	HOJP	CENT	ER, BA	LTO	mg.
	Sta	te	31. Dete filed (Month, Day, Year)	32. Registrer's Sig	neture						
	Registr		JUL 0 9 19	196 Julia Da	vidson	- Abordette					
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a factorial and granging in Amage to the office of

State of Maryland / Department of Health and Mental Hygiene 96 21899

					Cei	rtificat	e of	Death			Reg. No.			
	94	Decedent's Neme (First, Middle, La	est)						10	2. Date of De	eth		3. Time	of Deeth
Physic /Med		BERNARD FRIED	MAN							JULY	8, 1	996	9.3	O PM
Exam		4a. Facility Neme (If not institution, git	re straat and number)					4b. City, To	wn, or Lo	ocation of Death		ty of Deeth	7.5	O III
		HEBREW HOME OF	GREATER WA	SHINGTO	N			ROCK	KVILI	LE.	MON	TGOME	'RV	
Funera				e (In yrs. lest bir		If Under		if Under	24 Hrs.	8. Dete of Bir	th	_		or Foreign
Directo		070-14-6570 Usuel Residence of Decedent	1 X 2 F	91	Yrs.	Months	Deys	Hours	Min.	DEC. 2	y, Year)	POLA	pieca (State ntry) ND	
yland Mow		10a. State 10b. County		10c. City, Tow	n or Lo	cetion							10d. Inside (City Limits
the Men 28s-f sh	Director	MARYLAND MONTGO	MERY	ROCKV	ILLI		0.4.				40.00	(1)		s 2 No
s 1 and 2 should be filed within 72 hours after death with the Menyland Health end Mentel Hygiene. The marked other than "natural", or items 23a or 28s-f show other traumatic event, the Mendical Examiner chart be notified as		6105 MONTROSE RO	AD			10f. Zip	085	2			10g. Citizen of UNITED			
r de	Funeral	11. Marital Status	12. Was Decedent Armed Forcas?	Ever in U,S.	13. V	Was Dacad	lent of I	Hispenic Ori	igin? (Sp	ecify Yes or No Rican, etc.)	- 14. Ra	ce - Amari		
al', or if	by	1 ☐ Never Married 2 ☐ Merried 3 🕅 Widowed 4 ☐ Divorced	1 ☐ Yes 2 🟋 If Yes, Give Yeer or Dates:	No		1□ Yes 2		Specify:		, , ,		ily: WHI		
thin 72 hours aff e. en "natural", or Medical Exam	Completed	15. Decedent's E (Specify only highest gro	ede completed)		(Give	lent's Usue kind of wor DO NOT us	k done	during mos	t of work	ing	16b. Kind of	Business/In	dustry	
filed within Hygiene. ther than	E	Elementary/Secondary (0-12)	College (1-4or 5			PPING		,			REC	OPD		
filed Hygi ther		17. Father's Neme (First, Middle, Last)		J.1.1.1	11110	OLL		er's Name	e (First, Middle,				
should be file and Mentel Hy a marked oth cumatic event	Be C	SHLOMO FRIEDMAN												
should nd Mer mark	10	19e. informent's Neme/Relationship (Time Drinkl	401	B 0 = 101=		/01		BE		AILABLE	/	4 11	
12 should be and 7 ta market										el Route Numbe				
of Health Item 27 other tr	-	MARCIA GOODMAN 20a. Method of Disposition	(NIEC	E) 80 20b. Place of				TON TE	ERRAC	CE - SII				20901
parmit. Peges 1 er Department of Hea Important: If Item; any Injury or other		1 Buriai 2 □ Crametion 3 4 □ Donetion 5 □ Other (Specific		HAR HA	y, cren	netory or of	ther pla	ice)	7/	Dete 10/96	JERUSA			L
mit.	1	21 Signature of Faharal Service Lices	1500					ess of Fecilit						
Depariment in position in posi	1.	16-1	111	-	DA	MZAN:	SKY-	-GOLDE	BERG	MEMORIA	AL CHAP	ELS,	INC.	
		23a Part 1 Enter the disease or defi	plications the caused	the death De r	II	L/U RO	OCK	/ILLE	PIKE	E - ROCE	WILLE,	MARY		
		23a. Pert1. Entar the diseesa, or constance, or heert feilura. List only	one cause on each lir	10.	IOI OINE	er the mode	a oi uyi	ng, such es	cardiec	or raspiretory e	rest,		Approxima intervei Be	neewte
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/ /Medical Examiner		Immediate Cause (Final disease or condition	. Dehy	aru	w	~						i i	4 20	up
	ner	resulting in death)	Durch	Due to (or es a	conseq	uence of):							4 da 4 da 1ear	n
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an an		Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying	Alton	alma-	1	de	n 0	. It	ea				lear	3
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ding Se es	3	resulting in deeth) Lest	d	D 40 10 (01 03 0 0	onsoqu	aenca orj.								
requires that the death or signed by the ettend hould be deteched for us	by Physician	Pert li. Other signiticant conditions of	ontributing to death bu	ut not resulting In	the un	iderlying ca	ause giv	ven in Pert I		23b. Dld 1	obacco use c	ontribute to	the cause	of death?
et the de by the e	Phy	Arteriosclera								10	Yss 25 No	3 Pro	bably 4	Unknow
es thet igned t	by	FITTOTOTO	THE THE	0 4	Pla	se_								
> 0	Completed		NT.								en eutopsy rmed?	ev	ere eutopsy eileble prior mpletion of	to
The law ate hes b pege 2 s	mp										0		death?	
										101	as 2 No	10	Yes 2] No
ystclan: Tis certificate	Be	25. Wes cesa referred to medicei exeminer?	Hospitai:				100		of Deeth	(Check only o	ne)			
Physician: this certific ral director,	70	1 ☐ Yes 2 No	1 Linpatier		,			4 Nu	rsing Ho	me 5 Resid	lence 6 □Ot	her (Specif	y)	
	ertification:	27. Menner of Deeth 1 Netural 5 Pending 2 Accident Investigation	28a. Dete of Injur (Month, Day	Year) 28b. T	ime of njury	M 28	Bc. injui Woi 1 🔲	yet rk? Yes 2 □ I		28d. Describe h	ow Injury occu	rred		
5 to 15	ertific	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of inju- building, etc	ry - At home, fer (Specify)	rm, stre	et, factory,	office		:	28f. Location (S City or Tow	Street end Num m, State)	ber or Rura	I Route Nur	nber,
Hospital or 24 hours efter Funeral Directly filled in	O	29a. Certifier (Certifying Ph	voislan. To the book	famou la constanta a	d									
Hos 24 h Fun etely	edical		ysician: To the best of linar: On the basis of end mennar star	examinetion and	Vor inve	estigetion,	in my o	ne, dete en plnion, daet	d piece, e th occurre	ed et the time,	date end piece	anner es si , and due to	teted. the ceuse(s)
To the within 2 To the comple	Σ	29b. Signeture and title of cartifier						a number			29d. Data sign	ed (Month,	Dey, Year)	
		Budleld	-MD			1	5	395	8		7/9/	196		
4		30. Name and eddress of person who are the second s	completed cause of de	eeth (Item 23a) (Type, P	Print)		- P	7)	Pock.	1571 0	71	209	57
Sta	ate	31. Dete filed (Month, Day, Year)	1 Harrison II and	r's Signeture	000	TOTT	(v)		5	TOCK	vi/le /	1)	2-0-	_
Regist	rar	JUL 0 9 1996	Company of	andre - of	and of	Maria.								

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State of Maryland / Department of Health and Mental Hygiene Q 6

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			Cei	rtificate of	Death		g. No.	20	6131	U
Physician /Medical	Decedent's Nema (First, Mid ANGIE	dia, Last) LYN	N FRE	NCH	T. M	2. Data of Death Month JULY		19 ^{Ygar}	3. To 10.13	
Examiner	4e. Fecility Neme (If not institution UNIVERSITY				4b. City, Town, or L BALTIM			inty of Death	City	
Funeral Director	5. Social Sacurity Number 219–94–6079 Usual Rasidanca of Decedant	6. Sax 1 □ M 2 🖾 F	7. Aga (In yrs. last birthday) 31 Yrs.	If Undar 1 Year Months Days	If Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, July 21,		9. Birthy Coul	olaca (State or I ntry) Land	Foraig

permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryland Depertment of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, or Mexical Examiner count to notified at

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

an cal	ANGI	Ε	LYN	N	FRE	ENCH				JULY	06,	19 ^Y 8°6	110	3 AM
ner	4e. Fecility Neme (ff not institution, g RSITY H			U				own, or L TIM	ocation of Dec		ity of Death		
	5. Social Security N 219-94-6 Usual Rasidance o	079	.Sax 1□M 2⊠F	7. Aga (In yrs	. last birthday) Yrs.	If Undar Months	1 Year Days	If Under Hours	Min.	8. Data of B (Month, D July 2	irth		placa (State ontry)	or Foraign
o.	10a. Stata	10b. County			ity, Town or Lo								10d. Insida C	City Limits
ect.	Maryland	Harford	1	на	vre de									20110
ral Dir	10e. Street end Nu 305 Bar	rows Ct.				10f. Zip	1078	3			10g. Citizan o United		•	
Completed by Funeral Director	11. Marital Status 1 □ Navar Marr 3 □ Widowad	led 2 X Married	Armed F	2 No ive No		Was Deced If Yas, spec 1 ☐ Yas	cify Cuba	lispanic Or an, Maxice Specify.	n, Puerto	pacify Yes or No Rican, atc.)		ace - Amariciack, White,	etc.	
ted	10	15. Decedant's	Education		16e. Dace	dant's Usua	al Occup	atlon			16b. Kind of			
omple	Elemantary/Seco	ordary (0-12)		1-4or 5+)	Teach	kind of wo DO NOT us er	rk dona sa ratire	during mos d)	st of worl	king	Harfor	d Co.	Schoo	ols
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To Be	David Ph								-		Fanch			
	19e. Informant's Na David A.		(Type, Print) Husba	nd							bar, City or Tow ce , Md.		_	
		oosition □ Cramation 3 5 □ Other (Space		Steta	Placa of Disponentary, crain	matory or o	thar plac			Data	20c. Locetion Joppa			
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	fmmadiata Causa (diseasa or conditio rasulting In death)		a. Cor	tact Due to (Guns		Wo	und	of	Hea	d	-	Onset end	Death
Examiner			b	Due to t		1-0								
al Exa	Sequantially fist configuration if any, leeding to Imperent the ceusa. Enter Unda Causa (Disaasa or thet initiated events	imediate rfying Injury	C	Dua to (c	or as a consac	(uance or):								
sician/Medical	resulting in death) i	est	l d	Dua to (c	or as e conseq	uance of):								
slcian	Part II. Other signif	icant conditions	contributing to d	eeth but nof ras	ulting in the u	ndartvina ca	ausa giv	an in Part		23b. Dio	I tobacco uaa c	ontributa to	the cause	of death?
y Phy											Yes 2 No			Unknown
Be Completed by Phy										per	s an autopsy omed?	ev	ara autopsy i elieble prior i mplation of o daath?	lo
Cou										100	Yes 2□No	1,0	Yes 2□	No
To Be	25. Was cesa refara axaminer? XIXI Yes 2		Hospital:	fnpetiant XX	ER/Outpetien	of 3□ DO	Oth	or.		th <i>(Check only</i> oma 5□ Ras	ona) idance 8 □O	thar (Specif	v)	
ertification:	27. Mennar of Daath 1 Naturel 2 Accidant	5 Pending Invastigation	28a. Data (Mon	of Injury th, Day Year) 5 ~ 96	28b. Tima of Injury	M° 2	8c. injun Worl				how Injury occu	urred	,	
ertifi	3⊠ Suicide 4 ☐ Homicida	6 Could not determine	d 28a. Place bulldi	of Injury - At hing, atc. (Spacif	oma, farm, str	eef, factory	, office			28f. Location City or To	(Straat and Num wn, State) 3	har or Dura	I Doute Num	ber, (our +

1 Certifying Physician: To the bast of my knowledga, daath occurred et tha tima, data and plece, and dua to tha ceusa(s) and mannar as stated.

[20] Medical Examiner: On tha basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and place, and dua to tha cause(s) and mennar stated.

29c. Licensa number

O.C.M.E

Love Ly 111 Penn Street, Baltimore, Maryland 21201

Harford

County, MD.

29d. Data signed (Month, Day, Year)

JULY 8, 1996

State Registrar

Medical Certifi

29a. Certifiar (Check only one)

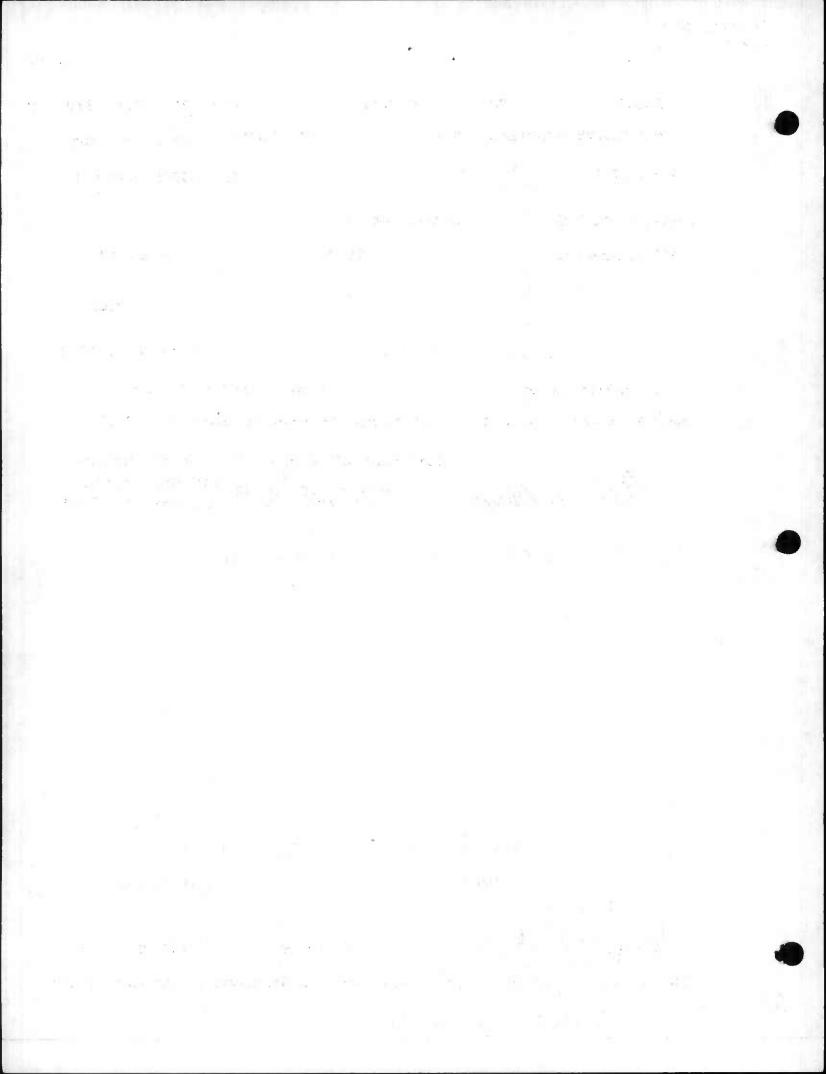
29b. Signatura end titia of certifia

HDMAMS
31. Data filed (Month, Day, Yaar)

30. Nama and address of person who complated ceusa of death (Itam 23a) (Type, Print)

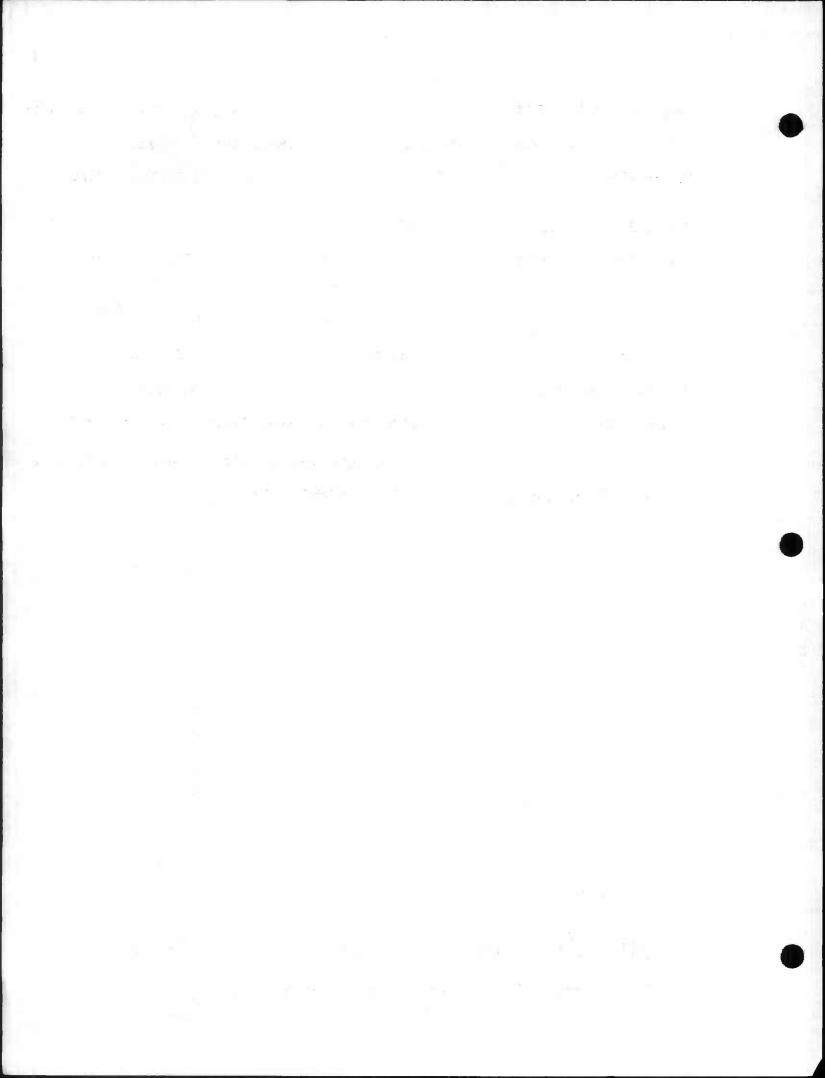
32. Regisfrer's Signatura

Home



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 96

						Certificat	te of	Death		Reg. No.		
		Τ,	1. Decedent's Nama (First, Middla, L	est)					2. Dete of De	eth		3. Tima of Death
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	/Medi Exami		4a. Facility Neme (If not institution, gi					4b. City, Town, o	r Location of Deet		y of Deeth	4.23 FF.
ſ	Exami		Carroll Count	v General	Hosp	ital		Westm	inster	Car	rol1	
Н	Funeral			-	(In yrs. last bir	thdey) If Unde	r 1 Yaar	if Undar 24 Hr	s. 8. Dete of Bir	th		olece (Stete or Foreign
	Director		217-36-4346 Usuel Rasidance of Decedent	1 0 M 2□ F	77	Yrs. Months	Deys	Hours Mir		y, Year) 9, 1918	Mar	yland
	s 1 end 2 should be filed within 72 hours efter deeth with the Marylend if Health end Mentel Hyglene. Item 27 is marked other than "natural", or items 23s or 28a-f show other treumstic event, the Medical Exerciter must be notified at	ctor	10a. Stata 10b. County Maryland Carro		10c. City, Tow	n or Location tminster					1	10d. Inside City Limits 1 ☐ Yas 2 ☐ No
	3a or 28	I Director	10e. Street end Number 1217 Random Ridge	Poad		10f. Zi	Coda 2115	57		10g. Citizen of		
	Jeeth Jeeth	Funeral	11. Marital Status	12. Was Dacedant E	var in U,S.	13. Wes Deca	dent of I	Hispenic Origin? (Specify Yas or No		ce - Amaric	
Maryland 21215-0020	urs efter if, or ite	by Fur	1 Naver Merried 2 Married 3 Widowed 4 Divorced	Armed Forcas? 1 Yas 2 N If Yes, Give Yaar or Datas:	0	If Yes, spe		an, Mexican, Pue Specify:	rto Rican, etc.)	Specia		etc. ite
ŏ	2 hou		15. Decedent's E		16e	Decedent's Usu	el Occur	pation		16b. Kind of B		
215	olo 7	Completed	(Specify only highest gr			(Give kind of wo	ork done ise retire	during most of word)	orking			
217	the et a	Eo	Elementery/Secondery (0-12)	College (1-4or 5-	,	Farmer	-			Agric	cultu	re
D	e filed si Hygle other vent, tr	BeC	17. Father's Neme (First, Middla, Las)				18. Mother's No	eme (First, Middle	, Meiden Sumer	ne)	
a	2 should be no end Mentel is marked or reurmatic ever	To B	Ross Washington F	itch				Freid	a Sophia	Babikov	NT.	
ar.	M M M		19e. Informent's Name/Reletionship		195	. Melling Addres	s (Street		Ru <i>ral Rou</i> te Numb			Code)
Š	17 18 e		Elaine M. Fitch						d, Westm			21157
ē,	of Health of Health litem 27 i		20a. Method of Disposition		20b. Place o	f Disposition (Ne	me of		Dete	20c. Location		own, State
Baltimore,	permit. Peges i Department of F important: if ite any injury or ot once.		1 Durial 2 Coremetion 3 4 Donetion 5 Other (Speci	(y)			atio	nService	\$ 7/10			, Maryland
Bal	Depar impor any in		21. Signature of Funeral Sarvice Lice	Muers		Myers	Fu	ess of Fecility neral Holes Street	me , Westmin	nster 1	νπ 2	1157
68760,	Physician /Medicale pe panticele pe penticele pe staminer phasician and penticele e es the principle.	Medical Examiner	Immediate Cause (Finel disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	b	Oue to (or es a	consequence of)	:	uccid	out			lwae√.
Вох		Physician/N		d							1	
P.O.	the d	iysi	Part II. Other significant conditions	contributing to death but	t not resulting in	n the underlying	cause gi	ven in Pert I.				o the cause of death?
	requires thet the death ce been signed by the ettend should be detached for us.	by			-				- 10	Yes 2□ No	3 Pro	bably 4 Unknown
of Vital Records,		Completed							24a. Wes perfo	an eutopsy ormed?	av	ere autopsy findings allable prior to impletion of cause deeth?
	The ate h	Co							10	Yas 2 No	1 [☐ Yes 2☐ No
=======================================	certificate	Be	25. Wes case referred to medical examiner?	/				26. Plece of De	eeth (Check only	one)		
Ž	Physic this or	70	1 ☐ Yas 2 ☐ No	Hospitel: 1 Pinpatian	t 2□ER/Ou	itpatient 3 De	DA Oti	her: 4 Nursing	Homa 5□ Rasi	dence 6 Ot	nar (Specif	(y)
ion o	After fune	Certification:	27. Menner of Deeth 1 ☑Netural 5 ☐ Pending 2 ☐ Accident investigetion			Time of injury	28c. Inju Wo 1 ⊡	ryet rk? ∣Yes 2 □ No	28d. Describe	how injury occu	rred	
Division	Hospital or Attence L4 hours after death Funeral Director: stely filled in by the	Sertific	3 ☐ Suicide 6 ☐ Could not to determined		ry - At home, fa (Specify)	ırm, straet, factor	y, office		28f. Location (City or To		ber or Rura	al Routa Number,
	To the Hospital within 24 hours of To the Funeral completely filled	edicai (29a. Certifier 1 Certifying Pl (Check only one) 2 Madical Exa	nysician: To the best of niner: On the basis of e end manner stet	exeminetion en	, deeth occurred d/or Investigation	at the ti	me, dete end pied opinion, death occ	ca, and due to the curred et the time,	cause(s) end m dete end piece,	enner es s , end due t	teted. o the cause(s)
	To the Vithin 2 To the comple	Me	29b. Signature and title of certifier			29	c. Licens	se number		29d. Dete signe	ed (Month,	Dey, Year)
	- 5 - 0		M. Alac	ir MO			035	711		7/10/	96.	
			20 Nome and address of		ath //a aa :		<i>_</i> ,,,,	1 * *		17101	10	
			30. Neme and address of person who	•					II.			
			Dr. Mokhtar Nasir 31. Dete filed (Month, Dey, Year)		er Roa	d, Westr	nins	ter, MD	21157			
	Sta Registr		JUL 1 0 19	196 July de	s Signature	roball						



State of Maryland / Department of Health and Mental Hygiene

21902

								Cer	titicate	e of	Death			Reg. No.			
	Physic /Medi		1. Decedent's Name ROS		a, Last)		G	OLDM	AN				2. Dete of D JULY 2	Davis	6 Year		of Death
	Exami		4e. Facility Neme (III		, give street end n HOSPITAL	umber)					4b. City, To BETHI		ocation of Dee		y of Deeth GOMER	Y	
	Funeral Director		5. Social Security No. 579-42-47	747	6. Sax 1□ M 2∑ F	7. Age	a (In yrs. last b	irthdey) Yrs.	If Under Months	1 Yaer Deys	If Undar Hours	24 Hrs. Min.	8. Date of B (Month, D AUGUST	30,1935	9. Birthp Cour NE	olace (State otry) W YOR	te o <i>r Foreig</i> n
	Maryland -f show fled at	tor	Usuel Residence of 10e. Stete MARYLAND	10b. County	NTGOMERY		10c. City, Too POTON		ation						1		City Limits
	r 284	Director	10e. Street and Nun	nber		l			10f. Zip	Code				10g. Citizan of	Whet Cour	ntry?	
	h with	al D	8108 AP	PALACH	IAN TERRA	ACE					20854			UNITED	STAT	CES	
050	s 1 and 2 should be filed within 72 hours after death with the Maryland if Heelth and Mental Hygiene. Instruction 77 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Evantiner must be notified at	by Funeral	11. Marital Status 1 Never Marrie 3 Widowed	ed 2X Marri	12. Wes De Armed F	cedant E orces?			/as Deced Yas, spec				pecify Yas or N Rican, etc.)		ce - Americ eck, White,	etc.	1
9	2 hou	pe		15. Decedent		Dates.	166	Deced	ent's Usua	I Occur	petion			16b. Kind of E			
21215-0020	filed within 72 Hygiene. ther then "na ent, the West	Completed	Elementary/Secon	ify only highes ndary (0-12)	t grade completed College		+)	lifa. D	ind of wor O NOT us KEEPE	e retire	petion during mos	st of work	king	HARDW			
Maryland	should be file and Mental Hy marked oth umatic event	To Be	17. Fathar's Name (•								e (First, Middle Y TURK	e, Meiden Sume LSH	me)		
a	2 sho and is me		19e. Informent's Ne	me/Reletionsh	nip (Type, Print)		19	b. Meilin	Address	(Street	t end Numb	er or Ru	ral Route Numi	ber, City or Town	, State, Zip	Code)	
Baltimore, A	permit. Peges 1 and 2 Department of Heelth s Important: if item 27 is any injury or other tra once.		ALAN GOL 20e. Method of Disp 1 XBurial 2	osition	(HU:	SBAN Stata	20b. Place	of Dispos		ne of		1	Dete	20c. Location			
tim	tant:		4 Donetion	5 Other (Sp	pecify)		JUDEAL	-					/3/96	OLNEY,	MARY	LAND	
Bal	permit. Departi Importa any Inje		21. Signeture of Fur	neral Service I	Licensea	1	,	22. DAI	Nama and	d Addre	GOLDB	ERG	MEMORIA	AL CHAPE	LS. 1	INC.	
_	E0290	Щ	C de	anh	a	0,	fone	117	O RO	CKV:	ILLE 1	PIKE	- ROCK	VILLE,			20852
			23e. Part1. Enter the shock, or heer	ne disease, or t feilure. List	complications that only one cause on	caused aech lin	tha death. Do	not anta	r the mode	of dyl	ng, such as	cardlec	or raspiretory	errest,	i	Approxim Intervel E Onset en	Between
9	Physician /Medical		Immediete Cause (I	Finel													
	Examiner	ш	disease or condition resulting in death)	n	aM		STATIC			L C	ELL LI	UNG	CANCER			1 YE	EAR
		ē				1	Due to (or as a	consequ	ence of):								
	outed d ensit	Examiner	Sequentially list con	aditions	b		Due to (or as a	consequ	ence of):								
ó	an an		Sequentially list con if eny, leading to im- cause. Enter Under Cause (Disease or i	mediate rlying													
68760,	certificate be executed ding physician and ise es the burial-trensit	/Medical	thet initiated events resulting in death) L		c		Dua to (or as a	consequ	ance of):								
, e	ing pl	Mec													1		
Box	death ce e attend ed for us				0												
	Q 0 Q	Physician	Pert II. Other signifi	cant conditio	ns contributing to	death bu	t not resulting	In the un	derlying ca	ausa gi	van in Part	I.	23b. Dic	tobacco use co	ontribute to	o the caus	e of death?
P.0	that the de ed by the deteched												1	Yes 2□ No	3 Pro	bably 4	Unknow
Records,	8 8 8	d by											24a Wa	s an autopsy	24b. W	ere autops	sy findinas
00		Completed											peri	ormed?	ev	elieble pricemplation of	or to
	The law ate has b page 2 s	d L											1	Vac aVI No		deeth?	. □ No
of Vital			25. Wes case refern	ed to medical							26 Plan	e of Dee	th (Check only	Yes 2 No	1.	□Yas 2	: 🗆 №0
2	Physician: this certific	To Be	examiner? 1 ☐ Yes 2 💢 I		Hospitel: 1 🔀	Inpatier	nt 2 ER/O	utpatient	3□ DO	A Otl	her			idence 6 🗆 Ot	her (Specif	fv)	
	£ 5 5		27. Menner of Deeth		28e. Dete		y 28b.	Time of Injury		Bc. Inju Wo				how injury occu		,,	
ior	Attending Ph r death. ector: Atter th by the funerei	atio	1 XNetural 2 ☐ Accident	5 Pending investig	ation	inii, Dey	rear)	прогу	М		Yes 2□	No					
Division	or Attendanced Direct in by	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could n determi	ned 289. Plac	e of Injuding, etc.	iry - At home, f (Specify)	erm, stre	et, fectory,	, office				(Street and Num own, Stete)	ber or Run	al Routa N	lumber,
	To the Hospital or Attenwithin 24 hours after deat To the Funeral Director: completely filled in by the	edical			g Physician: To the Examiner: On the lend me		exemination a										e(s)
	To the To the Com	Σ	29b. Signetura and t	titla of certifiar	7	4	24	4		Licens 3329	se number 93			JULY 2			7)
	15		30. Neme and addre						-								
	17		FREDERI	CK SMI	TH, MD -	540	1 WISCO	DNSI	N AVE	NUE	NW -	WAS	HINGTON	I, D.C.	20015	,	
	Sta		31. Dete filed (Monti				or's Signeture										
	Registr		JU	1091	996	die.	Marile	And	100					<u> </u>			
DH	MH 16 Rev 6/9	5															

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-transit nermlt. Pages 1.2. 3 should	rital, cremation, or removal.	s, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ar	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other trauma

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, LA	A G. GUL				2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-50-334	5. SEX 6. AGE (In yrs. lest birthday) IF	UNDER t YEAR	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 27, 1	10.	BIRTHPLACE (State or Foreign Country) Kentucky
_	90. FACILITY NAME (If not institution, gi			CITY, TOWN O	R LOCATION OF D		9c. COUNTY	
DIRECTOR	Carriage Hill		ng	Silver	Spring		Mont	tgomery
IRE	10e. STATE 10b. COU			OWN OR LOCAT				10d. INSIDE CITY LIMITS?
	Maryland M 100. STREET AND NUMBER	ontgomery	Sil	ver Spi	ing ZIP CODE		100 CITIZEN	1 YES 2 NO
FUNERAL	2201 Colston D	rive, Apt. 509	A		20910		USA	
S .	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMEO	13. WAS OECI	NOENT OF HISPA	NIC ORIGIN? (Specify Ye	e or No- 14.	RACE American Indian, Black, White, atc.
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR ON 1942-1945		1 TYES		an, Puerto Rican, etc.) y:		Specify: White
COMPLETED	15. OECEOENT'S I (Specify only highest gi		16a. OECEOENT'S USU	done during mos	N t of working	16b. KIND OF BU	SINESS/INOUST	RY
	Elementary/Secondary (0-12)	College (t-4 or 5+)	life. Do NOT use re	tired.)		T - 1	1.0	
N N	17. FATHER'S NAME (First, Middle, Lest)		Office N	danager		reder	al Gove	rnment
	Fred Green					e Schmitt	Surname)	
H	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AO	ORESS (Street or		Route Number, City or Tox	vn, State, Zip Cod	(a)
의	Edith Green G	atlin	9722 He	edin Dr	ive, Si	lver Sprin		
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R	lemoval from State 20b.	PLACEANO OATE OF O	ISPOSITION (Nar	ne of	oate 20c. Lory 7/18/96	CATION - City	or Town, State
	4 Donation 3 Other (Specify) 21. Signary use of FUNERAL SERVICE	LICENSES AT	lington Na		O AOORESS OF FA		Arlin	igton, VA
	* IMAN	11/CLColo	7	Franci	s J. Co.	llins Fune	ral Hom	ne, Inc. 20901 Spring, MD
	23. PAIN Entar the diseases, shock, or heart fellu iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Cerebrul	the desth. Do not ach line. Alwas de CONSEQUENCE OF):		la of dying, suc	th sa cardiac or resp	iretory arrest,	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	6	CONSEQUENCE OF):					
C	PART II. Other significent condit	tions contributing to deeth bu	it not resulting in th	ne underlying	cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
MEDICA						PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26. PL	CE OF OEATH (Ch	eck only one)		
148	1 VES 2 NO 27. MANNER OF DEATH	t Inpetient 2 ER/Output		Mursing Home		8 Other (Specify)		
BY P!	. 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOF		26d. OEŞCRIBE HOW	INJURY OCCURE	
	3 Suicide 8 Could not 4 Homicide determined		At home, ferm, stree	t, factory, office		281. LOCATION (Street City or Town, State	end Number or R	ural Route Number,
COMPLETED		IYSICIAN: To the best of my knowle						use(e) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CENTRE				29c. LICENSE NUI	MBER		NEO (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF OF	TH (ITEM 27) (Same Prince)	()	D 27	1865	1/8	11996
	MARK K.	LI MD 172	University	Blud W.	Wheat	ion MP 2	0902	
	31. DATE FILED (Month, Day, Year) JUL 11 199	32. REGISTRAR'S SIGNA G Julia Davida	TURE					
		U						DHMH-16 Rev 1/89

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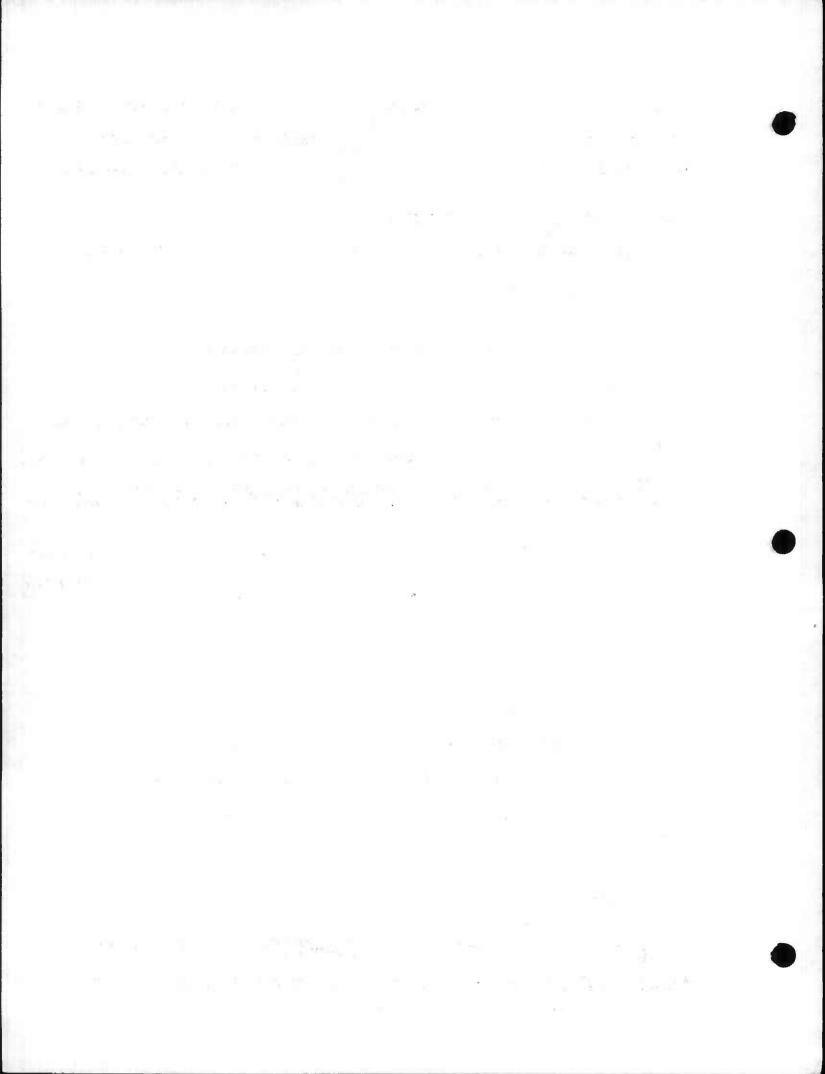
State of Maryland / Department of Health and Mental Hygiene Q 5

e 96 2190L

						Ce	rtificate of	Death	1	Reg. No.	0	61704
Disco		1. Decedent's Neme (First, Middle, La	st)					2. Dete of Dee Month	eth	Year	3. Time of Deeth
	sician edical	HERMAN				GLAZE	R		JULY	11,]	1996	1:35 AM
	miner	4e. Fecility Neme (If no			ber)			4b. City, Town, or L	ocation of Deeth	4c. Coun	ty of Deeth	
		SUBURBAN		L				BETHESDA	1	MONTO	GOMER'	
Fune Direct		5. Sociel Security Num 093-14-011		ex 7. My 2□ F	. Age (In yrs. II 72	ast birthday) Yrs.	Months Deys		8. Dete of Birt Month, Day MAY 14,	y, Year) 1924	9. Birth NEW	plece (State or Foreig Intry) YORK
and		Usuel Residence of De 10e. Stete 1	ecadent 0b. County		10c. City	, Town or Lo	cation					10d. Inside City Llmits
with the Maryland a or 28a-f show	ŏ	MARYLAND	MONTGO	MERY	BET	THESDA						1√2 Yes 2 □ No
the 28	Directo	10e. Street end Number			20.	I I I I I I I I I I I I I I I I I I I	10f. Zip Code			10g. Citizen of	Whet Cou	intry?
th with		5225 POO	KS HILL	ROAD #1	812S		2081	4		UNITED		
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Maryland in and Mental Hyglena. The marked other than "neturel; or items 23s or 28s-1 show traumatic event."	by Funeral	11. Maritel Stetus 1 Never Merried 3 X Widowed 4		12. Wes Deced Armed Forc 1 Tes 2 If Yes, Give Yeer or Det	ees? ZNo		Wes Decedent of If Yes, specify Cut	Hispenic Origin? (Spen, Mexican, Puerto Specify:	pecify Yes or No- Dican, etc.)		eck, White	ican Indien, , etc.
5-0 72 hc	per	(Specify	5. Decedent's Ed only highest gra	ducation		16a. Dece	dent's Usuel Occu	petion	kina	16b. Kind of I	Business/Ir	ndustry
within 72 ena.	Completed	Elementery/Seconde		Coilege (1,-4	4or 5+)			during most of worl		4.000**		
e filed wother the other the	្រ	47.5		4		CERT	TETED PO	BLIC ACCO		ACCOU		3
be filed that Hyg	Be	17. Fether's Neme (Fir						18. Mother's Nem		Meiden Surna	me)	
Aarylan 2 should be and Mental la marked of	2	BENJAMIN 19e. Informent's Nemo		S D		405 14-11	- A .l.d (Ot	LENA GO		0" T	0	
Maryla d 2 should th and Mer 7 la marke traumatic		DANIEL G	The second lie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ON)		-	t end Number or Ru Y COURT -				
		20e. Method of Dispos		(5)	20b. Pl	aca of Dispo	sition (Neme of		Dete	20c. Location		
Baltimore, oemit. Pagas 1 ar Department of Haa mportant: If item?		1 X Burial 2 □ C 4 □ Donetion 5	Premetion 3 □		9191		netory or other ple D MEMORIA		/14/96			
Baltimo permit. Pagas Department of Important: If it any Infury or	Suce.	21. Signeture of Funer			KING		Neme end Addre		/14/90	FALLS	CHURC	CH, VIRGINI
Physicia /Medic Examin	al	23a. Pert1. Enter the shock, or heart for the shock, or heart for the shock or heart for the shock or condition resulting in deeth)		pilicetions thet cau one ceuse on eed		. Do not ent	er the mode of dy	NCER	or respiretory er	rest,	MAKI	INC. LAND 20852 Approximete Interval Between Onset end Deeth
, P.O. Box 68760, that the death certificate be executed ed by the attending physician and deteched for use as the burial-transit	Ž	Sequentially list condition, leading to imme cause. Enter Underlyi Ceuse (Disease or injusted intelleted events resulting In deeth) Les		b	Due to (or	es e consec	uence of):	ER				2 MONTH
. 0 6 %	SCI	Pert II. Other significa	nt conditione o	ontributing to deal	th but not resu	lting In the u	nderlylng cause gi	ven In Pert I.	23b. Dld t	obacco uae c	ontribute 1	to the cause of death
P.O nat the d by the deteche	P.	REX	A1	FA	1/176	25			10	Y00 20 No	3 Pro	obsbly 4 Unknow
Scords w requires s been sign	pleted by	Seve	BE 1	LALN	WTR		ON			en eutopsy rmed?	a	Vere eutopsy findings veileble prior to ompletion of cause f deeth?
	E	VFO	PAI	Eff	USIC	M			10 Y	es 200 No	1	☐ Yes 2☐ No
Vital I blcian: The cartificata irector, pag	Be	25. Wes case referred exeminer?	to medical					26. Plece of Dee	th (Check only o	ne)		
of Vita Physician: rthis cartific	2	1 Yes 2 No		Hospital:		R/Outpetier	t 3 DOA	her: 4 Nursing H	ome 5 Resid	lence 6 🗆 Ot	her (Speci	ify)
		27. Menner of Deeth	5 Pending	28e. Dete of (Month,	Injury Dey Year)	28b. Time of Injury	28c. Inju Wo	ry et rk?	28d. Describe h	ow Injury occu	irred	
Division for Attending after death. Director: After	Certification:	2 Accident	investigetion Could not be determined	28e. Pleca of	f Injury - At hor , etc. (Specify)	me, ferm, str	M 1 =]Yes 2□No	28f. Location (S City or Tow	Street end Num m, Stete)	nber or Rur	ral Route Number,
Hospita 24 hours Funeral taly filled	edical C	29a. Certifier 17 (Check only 2 one)	Sertifying Ph	yelcien: To the be inner: On the besi end menne	is of examinet	riedge, deeth on end/or Inv	occurred et the ti	me, dete end piece, opinion, deeth occur	end due to the orred et the time, o	ceuse(s) end n dete end pleca	nenner as s , end due t	steted. to the cause(s)
To the within 2 To the comple	W	29b. Signature/and title	octoentifier	Que	0)		29c. Licen	se number 4994		29d. Dete sign		

9711 MEDICAL CENTER DRIVE #308 - ROCKVILLE, MARYLAND 20850

State Registrar

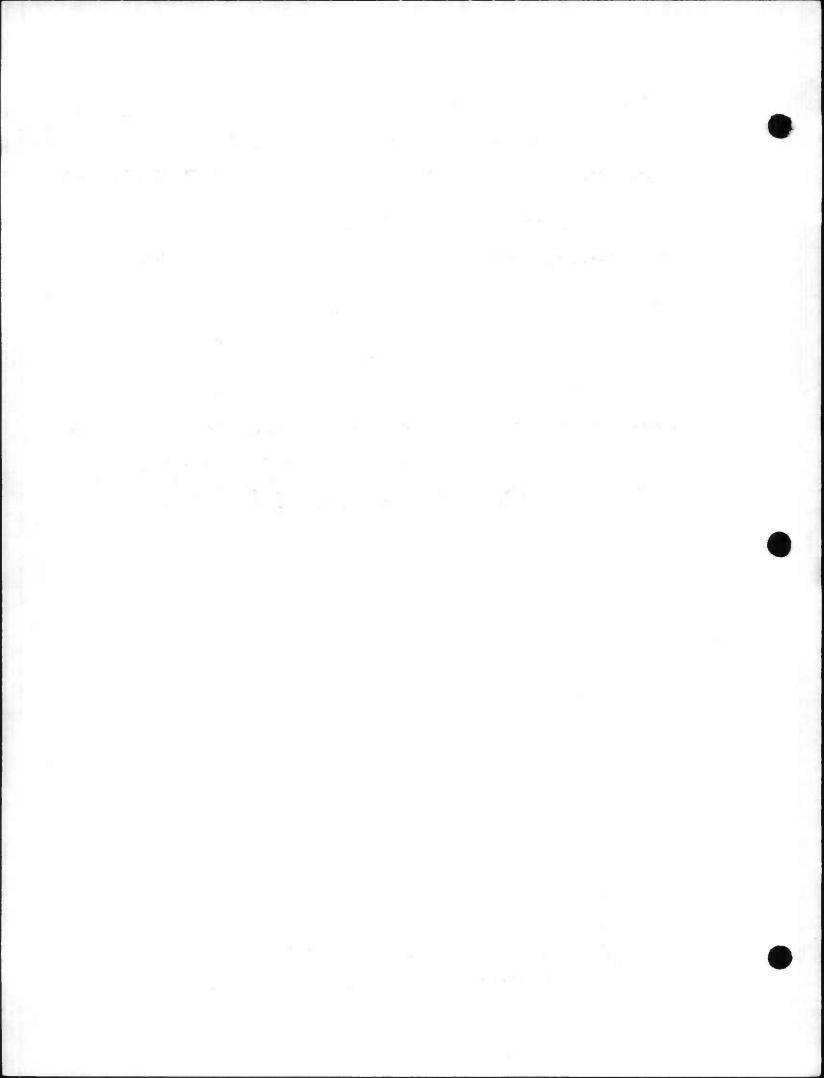


State of Maryland / Department of Health and Mental Hygiene 96 2 | 905

1. Decedent's Nama (First, Middle, Last)	th Reg. No.
	2. Date of Death 3. Time of Death
Physician Frederick S, Grubbs	Month Day Year 07 09 1996 063 2
	Town, or Location of Death 4c. County of Death
Funeral Director 5. Social Security Number 6. Sex 1. Security Number 1. Security Number 7. Aga (In yrs. last birthday) 1. Security Number 1. Secur	KVILLE MONTGOMERY der 24 Hrs. 8. Date of Birth rs Min. (Month, Day, Year) Apr 25,1946 P. Va
Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location	10d. inside City Limits
Md Montgomery Poolesville 100. Straet and Number 100. Straet and Number 100. Straet and Number 20837	1 ∑(Yas 2 □ No
10e. Straet and Number 19860 Beatriz Ave, 20837	10g. Citizen of What Country? U • S • A •
The proof of the p	ican, Puerto Ricen, etc.) Black, White, etc.
Specific College (1-4or 5+) Spec	
Dental Lab T	ech. Dentistry
Cladetone E Crubbe	other's Name (First, Middle, Meiden Sumame) Margaret F. Manuel
■ P=x ² Mrc Linda F Grubbs 19860 Beatr1z	mber or Rural Route Number, City or Town, State, Zip Code) Ave, Poolesville, Md #20837
Mrs Linda F. Grubbs 20a. Mathod of Disposition 1 Burial 2 © Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, cramatory or other place) Metropolitan Crem 22. Nama and Address of Fa	Date 20c. Location - City or Town, State
4 Donation 5 Other (Specify) Metropolitan Crem	matory 7/12 Alexandria, Va
1 Buriai 2 Acremation 3 Removal from State 4 Donation 5 Other (Specify) 1 Signature of Funeral Service Legislate 22. Nama and Address of Fa	neral Home P.A. 20850
23a Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line. Physician	as cerdiac or respiratory arrast, Approximate interval Between Onset and Death
/Medical Immediate Cause (Final disease or condition resulting In death) Immediate Cause (Final disease or condition resulting In death)	yo condul infantas Days
Due to (or as a consequence of): Due to (or as a consequence of):	
X interest of the state of the	
Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part 11.	
Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pa	1 □ Yes 2 □ No 3 □ Probebly 4 □ Unknown
requirements the control of the cont	24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of causa of death?
DE •	15 Yes 2 □ No 1 □ Yes 25 No
Solution of the control of the contr	lace of Death (Check only one)
L S @ 5 2 1 L Yes 2 Log No 1 Log Inpatient 2 L ER/Outpatient 3 □ DOA 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)
C C S S S S S S S S S S S S S S S S S S	28d. Describe how injury occurred
2 Accident a Suicide 1 Suicide 2 See. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)	28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)
	and place, and due to the cause(s) and manner as stated. deeth occurred at the time, date and place, and due to the cause(s)
29a. Certifier (Check only one) 29a. Certifier (Check only one) 10 Medical Examiner: On the basis of examination end/or investigation, in my opinion, of and manner stated.	
29a. Certifler (Check only one) 29a. Certifler (Check only one) 29b. Signature and title of certiflar 29c. License numbers	er 29d. Date signed (Month, Day, Year)
29a. Certiflier (Check only one) 29a. Certiflier (Check only one) 29a. Certiflier (Check only one) 29a. Certiflier (Check only one) 29a. Certiflier (Check only one) 29a. Certiflier (Check only one) 29a. Certiflier (Check only one) 29a. Certiflier (Check only one) 29a. Certiflier (Check only one) 29a. Certiflier (Check only one)	er 29d. Date signed (Month, Day, Year)
29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number of deeth (item 23e) (Type, Print)	EROUE ROAD ROCKINGE, MORYLAND 2085

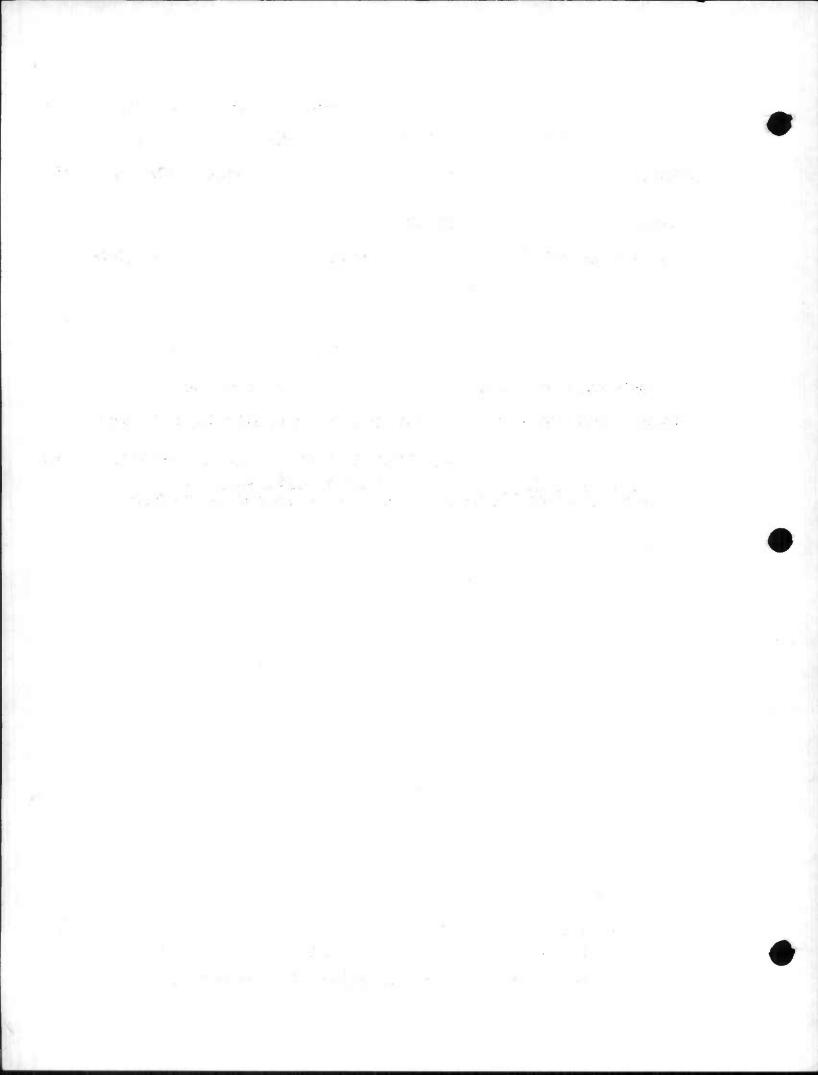
State of Maryland / Department of Health and Mental Hygiene 96 2 | 906

						Cei	tificate	e of	Death			Reg. No.			
		Ε,	1. Decedent's Nama (First, Middla, La	st)							2. Deta of Dec	ath	Leave I	3. Time of Deeth	
	sicia ledica		RUBY G	RIFFI	TH.						Month	Day 9	96	1403.	
	euic. emine		4e. Facility Name (If not Institution, giv	a streat and num	bar)						ocation of Death	4c. County	of Deeth		
	.,,,,,,,	"	ATLANTIC GE	PITA	L.		BE	RL	IN	Wo	RCE	STER			
Fune	eral		5. Social Sacurity Number 6. S		. Aga (In yrs. las		If Undar				8. Dete of Birt	h		placa (Stata or Foreigntry)	
Direct			235-12-1793	I□M 2½7F	75	Yrs.	Months	Deys	Hours	Min.	(Month, De Aug. 2	2, 1920	Virg	intry)	
9			Usual Residence of Decedent												
h the Maryland	9		10a. State 10b. County		10c. City,	Town or Lo	cation							10d. Inside City Limit	
W T		턍	Maryland Montgom	ery	Sil	ver S	pring							1 ☐ Yes 2 🔀 N	
F 22 F		ire	10e. Street and Number				10f. Zip (Code				10g. Citizen of	Whet Cou	ntry?	
23a		a l	15107 Interloche	n Drive			20	906	•			USA			
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Or A Bitter Direction			4 ☐ Homicide determined	building	f injury - At hom , etc. <i>(Specify)</i>	e, teim, stie	et, rectory,	OHICE			City or Tow		er or nur	ar noute resitioer,	
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			30. Neme and eddress of person who e	completed cause of	of deeth (Item 2:	3e) (Type, F	Print)		44.4		0.0.4		1		
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State of Maryland / Department of Health and Mental Hygiene Item 10a,b,c,d,e,f per informant 4-2-97 rja Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death July **Physician** Maude Ellen Groves 10. 1996 8.40 IN /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner **PHYSICIANS** MEMORTAL HOSPITAL LAPLATA CHARLES If Under 24 Hrs. Hours Min. 8. Data of Birth (Month, Dey, Yeer) APRIL 8,1897 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Undar 1 Yaar 9. Birthplece (Steta or Foraign **Funeral** Deys 1□M 21 F 99 MARYLAND Director 220-50-9742 the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Show ed other than "natural", or items 23s or 28s-f shore avent, the Medical Examiner must be notified at Maryland Charles Waldorf Director 1 ☐ Yas 2 ☐ No CONN. STAMFORD-10e. Street and Number 3065 Old Washington Rd. 10f. Zip Code 10g. Citizen of What Country? death with 20601 144 HIGHLINE TRAIL 96902 UNITED STATES Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Yeer or Detas: Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Meritel Stetus filed within 72 hours efter Hygiene. 1 Nevar Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo þ Specify: 3 Widowed 4 □ Divorced WHITE Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Meniel Hygiene. Important: If item 27 is marked other than "na any injury or other traumatic avant, the Wade 2006. (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) HOUSEWIFE OWN HOME 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middla, Meidan Sumame, Be BENJAMIN FRANKLIN HARDESTY MARY ELLEN SWANN 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 144 HIGHLINE TRAIL, STAMFORD, CONN. 06902 DORIS E. MURRAY/DAUGHTER 20b. Plece of Disposition (Neme of camatary, cramatory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Crametion 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify) PETER'S CEMETERY JULY 15 WALDORF, MARYLAND 21. Signature of Funerel Service Licanses THE HUNTT FUNERAL HOME, INC, MARK G. BROHAWN M-00053 P.O. BOX 156 WALDORF, MARYLAND 20604 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical tmmedlete Ceuse (Finel disease or condition resulting in deeth) Examiner Examiner physician and the bunal-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or es a consequança of): rasulting in deeth) Lest ettending ò ed by the deteched Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown by 24b. Were eutopsy findings aveilable prior to completion of cause of death? 24e. Wes an autopsy performed? Completed peed hes 2 L No certificate 1 Yes 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Placa of Deeth (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Prepatient Certification: To 2 ER/Outpatient 3 DOA this 28a. Dete of Injury (Month, Dey Year) funeral 27. Menner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred After 5 Pending invastigation n 24 hours efter deeth.

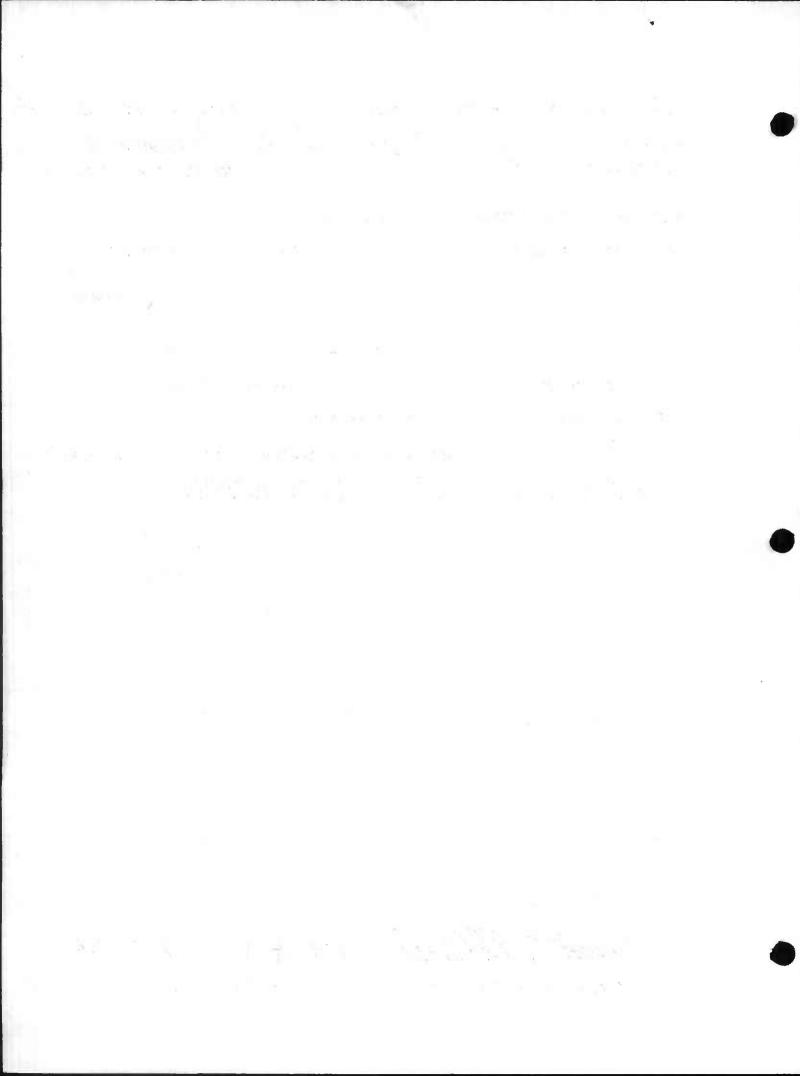
Ne Funeral Director: A
pletely filled in by the fo 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide Hospital 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the cause(s) end mennar es steted.
2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) end mennar stated. 29a. Certifier (Check only one) within 2 To the 29d. Data signed (Month, Day, Year) 29b. Signatura and title of 29c. Licanse number D- 20629 30. Nemarend eddress of person who completed cause of deeth (Item 23e) (Type, Print) GEORGE WATHEN, MD 11345 Pembrooke Square Suite 103 Waldorf, MD 20603 32. Registrar's Signature. State Julia Dawdeon Rardall JUL1 5 1996 Registrar



State of Maryland / Department of Health and Mental Hygiene

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Sam / ella/1 034274 7.12.9	76 ,
30. Nama and eddress of person who completed cause of dee in item 23e) (Type, Print) ESSAN TellAwi M.D. 7700 old Branch Ave, Chinho State 31. Date filed (Month, Dey, Year) 1 C 1006	w, md.



	Pages		
nding physician.	for use as the burial-transit permit.		
hospital or attend	ached for use as		4
Page 6 may be retained by the	page 5 should be detached for		notified at on
h. Page 6 may b	eral director, page		niner must be
4 hours after death. Page	and completely filled in by the funeral director, pag	in, or removal.	I item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
executed with 2	and completely fi	burtal, crematio	natic event, th
th certificate be e	ending physician	Il Hygiene prior to	or other traun
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IAN: The law requ	tificate has been	e State Dept. of	or item 23 sho
TENDING PHYSIC,	DR; After this cer	nours after death with the State Dept, of Health and Mental Hygiene prior to b	8 is marked, (
IL DR ATT	L DIRECT	2 hours a	1 item 2

DIRECTOR

FUNERAL

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COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2 296. SIGNATURE AND TITLE OF CERTIFIER

TO THE HOSPITAL D TO THE FUNERAL D be filed within 72 h

HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR Charlotte July 14, 1996 May Gardner 10:00 P M 7. DATE OF BIRTH
(Month, Day, Year)
Sep 12, 1910 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8 BIRTHPI ACE (State or Foreign IF UNDER 24 HRS. HOURS 214-03-6851 1 🗌 M 2 🔯 F Maryland 9a. FACILITY NAME (If not Institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Mary's Nursing Center Leonardtown St. Mary's RESIDENCE OF DECEDENT 10a STATE 10b COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Leonardtown Maryland St. Mary's 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Cedar Lane Apartments #2112 20650 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 X Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: Specify 3 Wildowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5+) 12th Grade Life Insurance Company Secretary 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) William Bernett Gardner Grace Gill Bernett 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Richard S. Combs 39115 Deer Lane, Mechanicsville, MD 20s. METHOD OF DISPOSITION
1XC Burlel 2 Cremetlon 3 Removal from State
4 Donetlon 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Sista 7/18/96 Our Lady's Cemetery Leonardtown, MD Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Mary 23. PART/. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List pnly one cause on each line. P.O. Box 270, Leonardtown, Maryland 20650 intarvai Between Onsat and Danth **IMMEDIATE CAUSE (Final** disease or condition 2128 KESPIKATONY resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequantially list conditions, if any, laading to immediata 4011 cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF) that initiated avents resulting in death) LAST PART II. Other algorificant conditions contributing to death but not requiring in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO TSEATE LICEN COMPLETION OF CAUSE 1 ☐ YES 2 ☐ NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER:
4 © Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, 3 Sulcide 8 Could not be 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or in stigstion, in my opinion, death occured at the time, data end place, and due to the cause(s) and manner as stated.

DEATH (HEM 27) (You, Print) Gil Ernesto T. Del Los Reves, M.D. Hollywood, MD 20636 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Davidson Rardal 18 1996

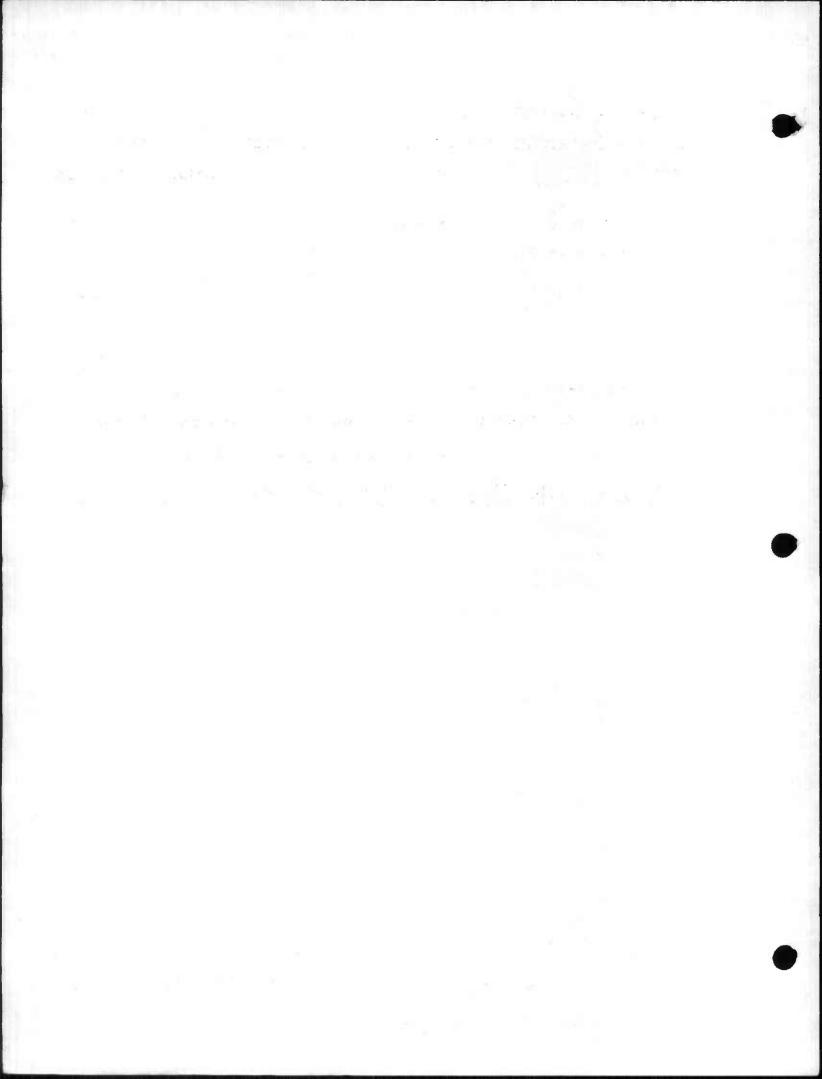
29c. LICENSE NUMBER

29d, DATE SIGNED (Month, Day, Year)

DHMH-16 Rev 1/89

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 2 1 9 1 0

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	E Paris de la constant		1. Decedant's Nama (i	First, Middla, La	st)					2. Data of D Month		Vaar	3. Time of Death
	Physici /Medi										4 Dey	996	0507
*	Examir	4e. Facility Nama (If not Institution, giva street and number)							4b. City, Town, or				
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	Funeral Director	ctor 220-40-7416 1 M 2NF 8/ Yrs. World's Deys Hours Wil									ay, Year) 909	9. Birthpi Coun New	lace (Stata or Foreign try) Jersey
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	ame L	mer	11. Marital Status		12. Wes Decedant E Armed Forcas?	evar in U,S.	13. Wa	s Decedent of	Hispenic Origin? (Specify Yes or N	o- 14. Rec	a - America k, White,	
21215-0020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: if Item 27 is marked other than "natural", or Nems 23a or 28a-f show samy Injury or other traumatic event, the Medical Examiner must be notified at once.	by	1 ☐ Never Merried 3 ☑ Widowed 4 ☐	_	1 ☐ Yes 2 ☑ N If Yas, Giva Yeer or Detes:	lo		Yas 2X No			Specify		ite
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ore	of He Item		20a. Mathod of Dispos		10	20b. Place of Disposition (Nama of commutery, crematory or other pleca) Parklawn Memorial Park				Data	20c. Location - City or To		
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Box	The law requires that tha death certi ate has been signed by the attending page 2 should be detached for use a	Physician/N										1	
P.O.	that tha de ed by the detached	ysi	Part II. Other significa			it not resulting I	n the unda	rrlying cause g	iven in Pert I.				the cause of death?
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n c	ing P	on:	27. Mannar of Death 1 Natural	5 ☐ Panding	28a. Date of Injur (Month, Day	Year) 28b.	Tima of Injury	28c. Inju		28d. Dascribe	how injury occur	red	
Sic	death death stor: /	cat	2 ☐ Accidant 3 ☐ Sulcida	invastigation Could not b □ 6		n. At home 4]Yas 2□No	20f Location	(Street and Numb	oror Dum	I Bouto Alumbas
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	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical C	29a. Certifiar (Check only one)	Certifying Ph	ysician: To the best o	axamination er	a, daath oo nd/or invas	courred at tha t tigation, in my	ima, date and plac opinion, daath occ	e, and dua to the curred at tha tima	cause(s) and ma , data and place,	innar as st and dua to	ated. the ceusa(s)
	vithin o the	Me	one) and manner stated. 29b. Signatura and title of certifiar 29c. Licanse number								29d. Date signe	d (Month, I	Dey, Year)
D 44293								July	4.	1996			
	2		30. Nama and address	of parson who	completed causa of de	eath (item 23a)	(Type, Pri						1,1
	1		GAIL M	41822	16 212	1 Med	ical	ParkD	rive #6	Silve	r Sprin	g Ms	C090G C
	Sta		31. Date filed (Month, I		32. Registra	r's Signature)	
	Registr		JUL 0	9 1996	Fishe Day	idson Par	della						
DH	MH 16 Rev 6/9	5				-							



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Yaar **Physician** 2:40 a.m. July 8, 1996 Goodwin Haycraft Glenn /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington Adventist Hospital Takoma Park Montgomery If Under 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Months XXM 2DF 84 **Director** 25, 577-26-7707 1911 Texas Aug. Usual Rasidance of Dacedent filed within 72 hours efter death with the Maryland 10a. Stata 10c. City, Town or Location 10d, Inside City Limits 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1XX as 2 No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 20904 United States 200 Quaint Acres Drive Funeral Пете 12. Was Dacedant Evar in U,S. Armed Forcas? Race - Amaricen Indian, Black, Whita, atc. 11. Marital Status 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1XXas 2 □ No If Yas, Giva Yaar or Datas: WWII 1 Navar Married 2 Married 5 Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No þ Specify 3 Widowad 4 Divorced "natural", White Completed 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry ai Hygiene. College (1-4or 5+) 5+ Elamantary/Secondery (0-12) Federal Government Economist permit. Pages 1 and 2 should be file.
Department of Health and Mental Hyg
Important: If Item 27 is marked other
any Injury or other traumest 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be Isaac Havcraft Daisy Sylvester 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) Dorothy P. Haycraft - Wife 200 Quaint Acres Drive, Silver Spring, Maryland 20904 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Date Burial 2 Cramation 3 Removel from Stata 4 ☐ Donation 5 ☐ Other (Specify) 7-11-96 Rockville, Maryland Parklawn Memorial Park of Funeral Service Licenses 22. Nama and Addrass of Facility Hines-Rinaldi Funeral Home, Inc. 11800 New Hampshire Avenue, Silver Spring, MD20904 Donot anter the mode of dying, such as cardiac or respiratory arrest, **Physician** /Medicai nmadiata Causa (Final months disaasa or condition resulting in daath) Examiner Dua to (or as a consequance of) Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants resulting in death) Last Dua to (or as a consaquance of): and Box 68760. attending physician Physician/Medical Dua to (or as a consequance of) P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying course given in Pert I. 23b. Did tobacco usa contributs to the causa of death? the been signed by 1 Yss 2 No 3 Probabiy 4 ☐ Unknown Division of Vital Records, þ Completed 24b. Wara autopsy findings 24a. Was an autopsy avallable prior to completion of ceuse of death? parformed? this certificate has 1 ☐ Yas 2 ☐ No spital or Attanding Physician: Theores after death.
neral Diractor: After this certificate filled in by the funeral director, pa 25. Was cesa rafarred to medicel axaminar? Be 26. Place of Daath (Check only ona) Hospital: 1 Anpatiant 200 No Othar: 2 1 Yas 2 ER/Outpatiant 3 DOA 4 Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) Certification: 27. Manner of Daath 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Time of Naturai 5 Panding Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not ba datarmined 3 Suicida 28a. Place of Injury - At home, farm, streat, factory, office building, etc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicida within 24 hours a Certifying Physician: To the best of my knowladge, death occurred et the time, dete end place, and dua to tha ceusa(s) end menner es steted.

Madical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the ceusa(s) and mannar stated. edicai 29a. Certifier 29b. Signature and title 29c. Licansa numbar 29d. Data signad (Month, Day, Year) 7610 Carroll Ave. Tokoma Pank Md 20912 cause of death (Item 23e) (Typa, Print) ober

Registrar

State

31. Data filed (Month, Day, Year)

JUL 0 9 1996

32. Registrar's Signatura

Lika Davidson-Randose

HOPKINS

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Deta of Death

3. Tima of Deeth

4:27 P.M.

	Funeral Director
Baltimore, Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours effer death with the Menyland Department of Health end Mental Hygiene. Important: If item 27 is merked other than "natural", or items 23s or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.

Physician

/Medical

Examiner

Director

Funeral

à

Completed

Be

1. Decedant's Name (First, Middle, Last)

TERRANCE

2 19e, Informant's Name/Balatlogship (Type, Print) VIRGINIA HOPKINS (MOTHER) 20b. Place of Disposition (Nama of cematary, cremetory or other plece) 20a, Method of Disposition Data 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funaral Sarvice Licensee 22. Neme end Address of Feclity a X else Physician Immediata Ceusa (Final diseese or condition resulting in death) /Medical **PNEUMONIA** Examiner Due to (or es e consequença of): Examiner sloian end burial-transit be executed Sequantially list conditions, if any, leading to immediata causa. Enter Underlying Cause (Disaase or injury that initieted evants resulting in daath) Lest Dua to (or as a consequence of) physician is the burial P.O. Box 68760. Physician/Medical Dua to (or es e consequence of) 98 for u Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. signed by t Records, þ cate has been signage 2 should b Completed certificate has Division of Vital Be 25. Was casa rafarred to medical Hospital: 1 X Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2X No P this 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of After 1 X Naturai 5 Panding Invastigation deeth. 1 ☐ Yes 2 ☐ No Hospital or Attendi
 24 hours effer deeth.
 Funeral Director: A 2 Accident 6 Could not be datarminad 3 ☐ Sulcide P 28a. Placa of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 Homicida edical 157 Certifying Physician: To the bast of my knowledge, daeth occurred at the time, date and place, and due to the ceuse(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian npietely To the I vithin 2 To the I complet 29b. Signature end title of certifier 29c. License number D30263

JULY 12, 1996 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth SAINT JOSEPH MEDICAL CENTER TOWSON, MARYLAND BALTIMORE If Under 1 Year If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In vrs. last birthday) Birthplace (State or Foreign Country) 163 M 20 F Months 37 212-70-3417 OCT. 10 1958 MARYLAND Usual Rasidance of Dacedant 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYes 2 No MARYLAND CITY BALTIMORE 10e. Street and Number 10f. Zip Cods 10g. Citizan of What Country? 1314 McCULLOH STREET 21217 US 12. Wes Dacedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Wes Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, Whita, etc. Navar Married 2 Married 1 ☐ Yas 2 XNo Specify: Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Year or Detes 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 12th 2 yrs. CONSULTANT SELF EMPLOYED 17. Fathar's Nama (First, Middle, Last) 18 Mothar's Name (First Middle Meiden Sumama) FRANK C. HOPKINS, JR. VIRGINIA NICK 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 6023 SHADY SIDE RD. SHADY SIDE, MD. 20764 20c. Location - City or Town, Stata ST. MATTHEWS CHURCH CEME: 7/17/96 SHADY SIDE, MD. WM. REESE & SONS MORTUARY, P.A. 821 WEST ST. ANNAPOLIS, MD. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between Onsat and Deeth 2 DAYS HUMAN IMMUNODEFICIENCY VIRUS INFECTION 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to 24a. Wes en autopsy performed? complation of causa of death?

1 ☐ Yas 2 No 1 ☐ Yas 2 No 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 28d. Describe how injury occurred 28f. Location (Street and Number or Rurel Route Number, City or Town, Steta)

29d. Data signed (Month, Dey, Year) 07-12-96

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

FRANCIS T. KHOO, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204 31. Date filed (Month, Day, Year)

State Registra

JUL 1 5 1996



DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

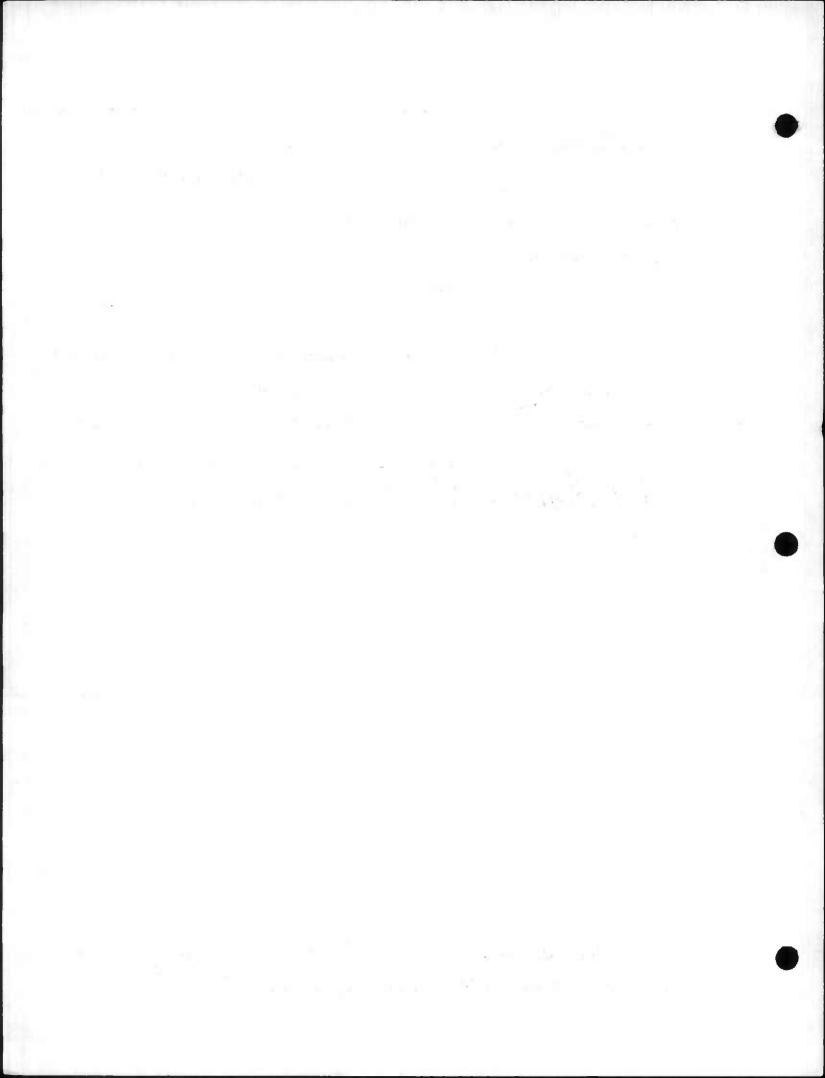
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	Physici /Medi		BARBARA RUT	CH H				JULY 7	, Day 199	6	10:30 PM		
	4e. Fecility Neme (If not institution, give street end number) 5711 BALSAM GROVE COURT							4b. City, Town, or Lo N . BETHE		4c. County MONT			
	Funeral Director			lei Security Number 6. Sex 7. Age (In yrs. last birthdey) If Under 1 Yaer If Undar 24 Hrs. Months Days Hours Min.								piace (State or Ecreion Intry) DISTRIC OLUMBIA	
	and fand		10a. Stata 10b. County		10c. City, Tow	n or Location						10d. Inside City Limits	
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Maryland 21215-0020	filed within 72 hours after death with the Maryland Hyglene. Ther than "natural", or Nems 23s or 28s-f show ont, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Merried 2 □ Married 3 □ Widowed 4 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 Ø No If Yas, Give Yaar or Datas:		i. 13. Was Decedent of Hispenic Origin? (Sp If Yas, specify Cuban, Mexican, Puerlo 1 ☐ Yas 2 ☒ No Specify:		ecify Yes or No Rican, etc.)	- 14. Red Biad Specify	e - American Indian, ck, White, atc. y: WHITE			
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Box 68760,	eath certificata be axecuted attanding physician and I for use as tha burial-transit	n/Medical Examiner	Sequantially list conditions, if eny, leading to immediate cause. Entar Undarlying Causa (Disease or Injury that Initiated avants rasulting in death) Lest	C	1111	consequence of):							
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	show		10e. Stete 10b. County		10c.	City, Town o	Location							10d. Inside City Limits
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	E 22	흥	10e. Street end Number 10f. Zip Code								10g. Citizen of Whet Country?			
	23a	a	16110 Oak Hill R				20868	3				USA		
	within 72 hours after death with the Maryland ene. than "natural", or items 23a or 28a-f show he Medical Exervice must be notified at	Funeral Director	11. Meritel Stetus		ecedent Ever in Forces?	U,S. 1	3. Was Dec	edent of F	Hispenic Ori	gin? (Spe	ecify Yes or No Rican, etc.)	- 1	 Reca - Ame Bieck, White 	
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Baltimore,	permit. Pages Department of Important: If It any injury or once.		21. Signeture of Funeral Service Lice	nsee	^ ^		22. Name	end Addre	ess of Fecilit	y Hin	es-Rina e Avenu	aldí	Funeral	L Home
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						Cert	ificate of	Death			Reg. No.			
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Г	Funeral			Sex 7. A	Aga (In yrs. last L	birthday)	If Undar 1 Yaa	r If Undar 24		B. Data of Bi (Month, D			laca (Stata or Fo	reign
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	4 28 x 28	Director	10e. Street and Number				10f. Zip Coda				10g. Citizan of	What Coun	itry?	
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Maryland	2 sho and I is me	ľ	19a. informant's Name/Ralationship		19	9b. Malling	Addrass (Street	et and Number	or Rural	Routa Numi	ber, City or Town	ı, Stata, Zip	Code)	
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altimore,	그 원관 등		21. Signature of Funeral Sarvice Lice	ensee .	100		Nama and Addi	-				,		
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Physician Phys	Day Year 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
S. Social Security Number 216-05-7725 S. Social Security Number	9. Birthplace (Stata or Foreign Country) Virginia 10d. Insida City Limits 1 DY as 2 No. 10g. Citizan of What Country? USA 14. Race - Amaricen Indian, Biack, White, atc. Specify: White 16b. Kind of Businass/Industry Self-employed
Toe. State 10b. County 10c. City, Town or Location 10c. City, Town or Location 10c. Street and Number 10c. Street and Number 10c. Street and Number 10c. Street and Number 26 North Hickory Avenue 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces 11. Marital Status 12. Was Decedent Ever in U.S. Armed Forces 11. Was 12. Was 12	1 □ Vas 2 □ No. 10g. Citizan of What Country? USA 14. Race - Amaricen Indian, Black, White, atc. Specify: White 16b. Kind of Businass/Industry Self-employed
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The property of the property o	Self-employed
17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Virgle Eugenia Vir	Maldan Surname)
Michael Adams Friend 20b. Plece of Disposition (Name of cematary, cramatory or other plece) Data	
23a. Pert 1. Entar the disasse, or combications that caused the deeth. Do not anter tha mode of dying, such as cardiac or respiratory of shock, for heart failure. List only one cause on each line. Physician Medical Examiner Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Chronic Pannetter Dua to (or as a consequence of): Custo (Disasse or injury the initiated events resulting in death) Last Dua to (or as a consequence of): Dua to (or as a consequence of):	D 21015 20c. Location - City or Town, State
Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of):	omo
Due to (or as a consequence of): Chronic Parautitin Dua to (or as a consequence of): Chronic Parautitin Dua to (or as a consequence of): Could during Course (Disaasa or injury the initiated events resulting in death) Last Dua to (or as a consequence of): Dua to (or as a consequence of):	Papiroximeter interval Between Onset end Death
Cause (Disaasa or injury thet initiated evants rasulting in death) Last Dua to (or as a consequence of):	40
x theo day to see a constant of the constant o	413
Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.	obacco use contribute to the cause of death
S s s s s s s s s s s s s s s s s s s s	en eutopsy 24b. Wara autopsy findings
The lew date has by page 2 s page 2 s	evailable prior to completion of cause of death?
25. Was cesa referred to medicel axaminar? 1 Yas 2 No Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Mursing Home 5 Residual Residual 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Mursing Home 5 Residual Residual 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Mursing Home 5 Residual Residual 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Mursing Home 5 Residual 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Mursing Home 5 Residual 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Mursing Home 5 Residual 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Mursing Home 5 Residual 1 Inpatient 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Mursing Home 5 Residual 1 Inpatient 1 Inpatien	
28a. Data of Injury (Month, Day Year) 28b. Time of Injury through the Work? 28c. Injury at Work? 28d. Data of Injury (Month, Day Year) 28d. Data of Injury (Month, Day Yea	National Number or Rural Route Number, In, State)
29e. Cartifiar (Check only one) 12 Certifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, and dua to tha coursed at tha tima, and manner stetad.	data and place, and dua to tha ceusa(s)
29b. Signatura and titla of certifiar 29c. Licansa numbar D 3 5 8 8 9 30. Nama and eddrass of parson who complated ceusa of daath (Itam 23a) (Type, Print)	7. 7. 96

32. Ragistrar's Signatura

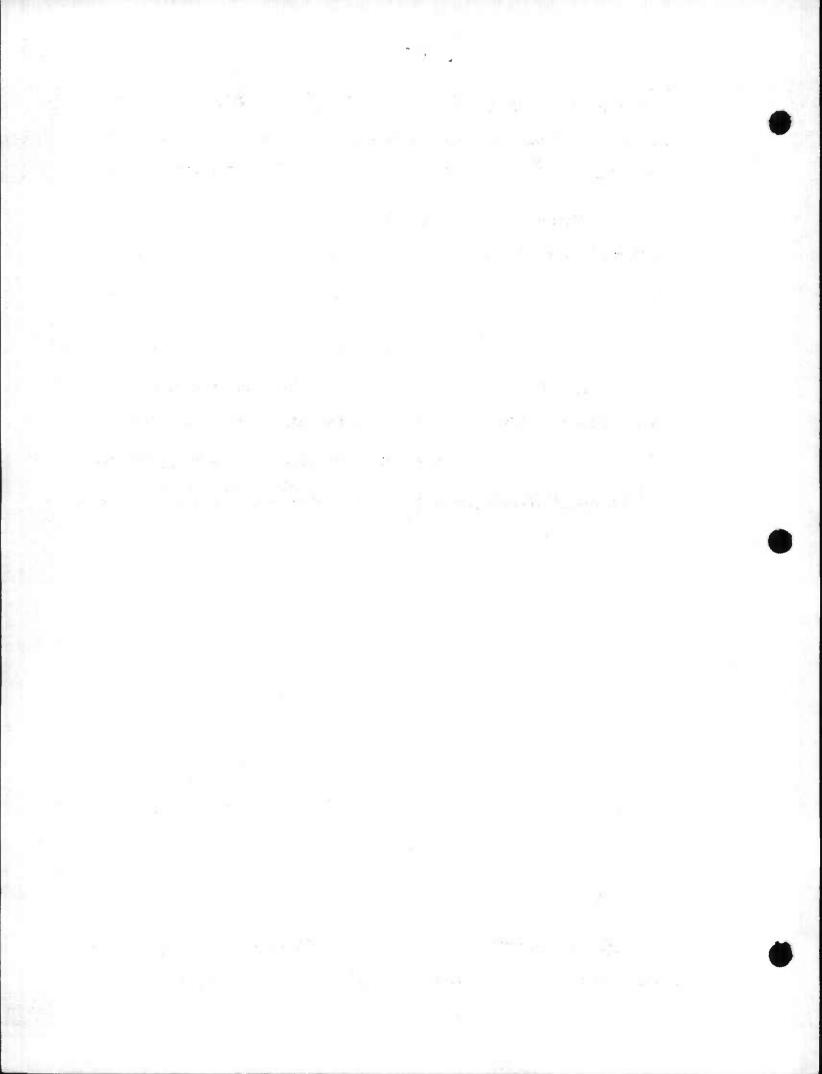
Shoulen-Randall

Registrar DHMH 16 Rev 6/95

State

31. Data filed (Month, Day, Year)

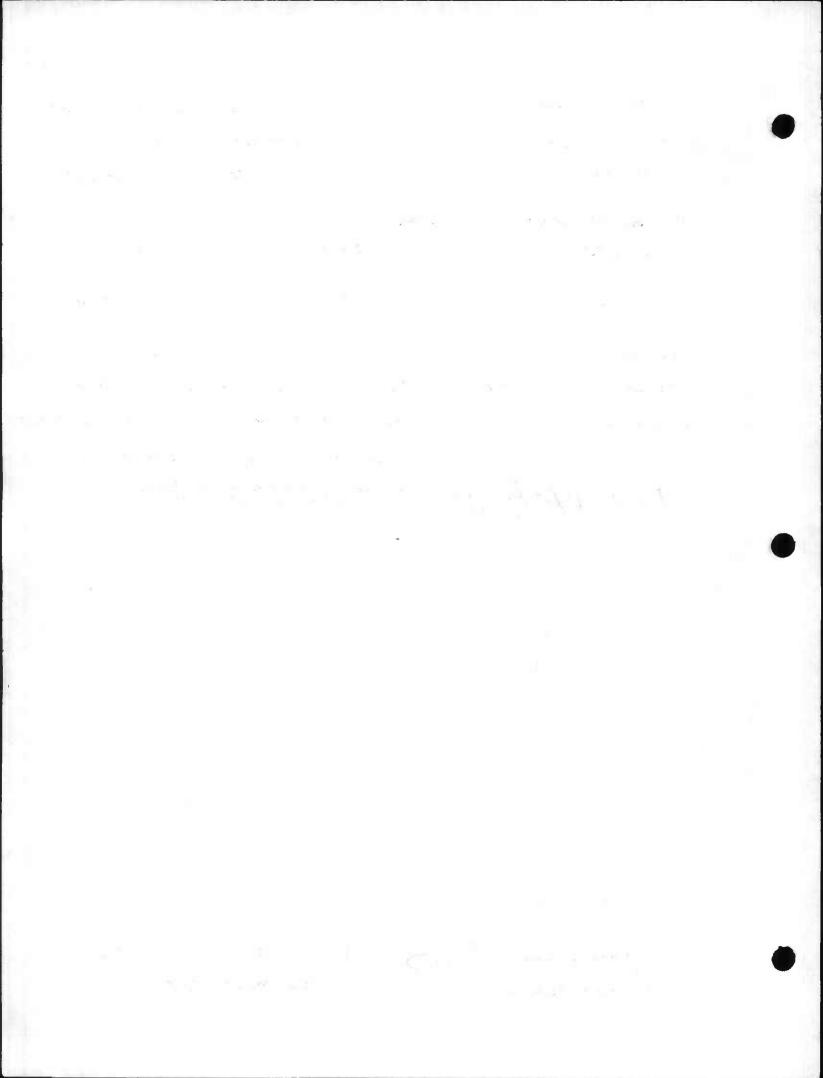
9 1996



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State of Maryland / Department of Health and Mental Hygiene

							Cer	tificat	e of	Death		F	Reg. No.			tion 1 and	
			1. Decedani's Nama (First, Middla,	Last)								2. Data of Dea	ath			3. Tim	th th
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			St. Mary's Hosp	ital						Leon					Mary	7 ' S	
	Funeral Director		5. Social Security Number 217-34-0269	Sex 1□M 22XF	7. Aga ('In yrs. last birt	rhdey) Yrs.	If Undar Months	1 Year Days	If Under Hours	24 Hrs. Min.	8. Data of Birtl (Month, Day May 6,	1929)		lace (Stete o itry) 11and	r Foreign
	pu ,		Usual Residence of Decedant 10a. State 10b. County			0- 0h- T-											
	show show	7	,	1	'	Oc. City, Town		ation							1	0d. Insida Ci 1 ☐ Yes	
	Ne N	Director	Maryland St. Ma	ry's		Rid	ge	404 70	0 1								20110
	23a or		P.O. Box 323					10f. Zip 2f	0680)				U.S	• A •	itry?	
	tems tems	Funeral	11. Marital Status	12. Was Dec Armed F		ar In U,S.	13. W	as Dece	dant of I	Hispenic Ori en, Mexicar	igin? (Sp n, Puerto	pecify Yes or No- Rican, etc.)			e - Americ		
020	filed within 72 hours after death with the Meryland Hygiene. Ither than "natural", or Items 23a or 28e-f show art, the Medical Examiner must be incitled at	by	1 Never Married 2 Married 3 Widowad 4 MDivorcad	1 □ Yas If Yas, G Yaer or [20 No iva Datas:			□Yas						Specify		ite	
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lan	ld be ental ked o	To Be	Warren	Mito	on	A	dam	S		Ма		Eliz			,	ewitt	
Maryland 21215-0020	d 2 should be filed within 72 hours after death with the Merylan II and Mental Hygiene. 7 Is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be inclined at		19a. Informant's Neme/Raietionship Russell Henderson									ral Routa Numbe Home, I					2065
ā,	of Heelth Hem 27 In other tre		20a. Mathod of Disposition			20b. Place of	Dispos	ition (Nar	na of			Dete			City or To		
Baltimore,			1 ☐ Burial 2 🗗 Cremation 3 4 ☐ Donation 5 ☐ Othar (Spec	cify)	Stata		pol		Cre	emator		7/15/96					
Ba	permit. Pag Department Important: Il any injury o		21. Signature of Funarai Sarvice Lic	ensee	0	-						Funera				20650	
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	/Medical		Immediata Causa (Final disease or condition	One	1.6	Le lace	×	61.	0 -	- 1	6	unday"	1.6	.//:	1	16.	
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	icete be executed physician and s the buriel-transit	Examiner	Sequantially list conditions,	0	Du	la to (or as a d	onsequ	ance of)	1							1	
Ď,	be ey		Sequantially list conditions, if any, leading to immediate cause. Enlar Undarlying Cause (Disaese or injury	c. Alex	24	Respu	na	tore	A	ishe	n S	yndion	10			6 600	2.5
68/60	phys the	edical	that initiated avants resulting in daath) Last		Du	e lo (or es a c	onsequ	anca of):	, 0		-	7-00-1		-		, ,	
ROX	a o a	Σ	•	a Hy	pole	alen	uà									2 day	25
7	be et he et hed fo	sici	Part II. Other eignificant conditions	contributing to d	eath but r	not rasulting in	the un	darlying o	ausa gi	van in Part I	l,	23b. Dld t	obacco	uee co	ntribute to	the cause o	of death?
J.	d by t	by Physician/	14, 10, 10	6								101	fee 2	□ No	3 Prof	oebly 4	Unknown
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ě	sician: The lew certificate hes b lirector, page 2 s	mpi		1		-									of	daath?	
	: The cate h											1 🗆 Y	as 2	No Z	10]Yes 2□	No
Vital	Physician: this certific ral director,	Be	25. Was case rafarred to medical axaminar?	Hospital: And					011		of Dea	th (Check only or	na)				
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Š	s efter da i Direct d in by	Sertific	3 ☐ Suicide 6 ☐ Could not datarmine	d 28e. Place	of Injury ing, atc. (- At homa, far Specify)	m, sire	at, factory	, office			28f. Location (S City or Tow			er or Rura	i Routa Num	ber,
	To the Hospital or Attending Physician: within 24 hours sited death. To the Funeral Director: After this certific completaly filled in by the funeral director,	edicai (29a. Cartifiar 1	aminer: On tha b	best of n	amination end	daath Vor Inve	occurred astigation	et tha tii , In my c	ma, data an opini <i>on</i> , daa	d placa, th occur	and due to tha c red at the tima, c	ause(s) dete end	and ma place,	nner as st and dua to	eted. tha cause(s)
	Withir To th	Me	29b. Signature and title of certifiar					290	. Licens	se number		4	29d. Dat	a signe	d (Month,	Day, Year)	
			May 1	L	0				Do	128	0		7.	- 18	- 96		
			30. Neme end eddrass of parson wh	o completed cau	sa of deat	h (Item 23a) (Type, P										
			DR.JOHN F. F	ENWICK						LEONA	RDTO	WN, MD. 20	0650				
	Sta Registr		31. Date filad (Month, Day, Year) JUL 16	1996 32. F	egistrar's	Signature	P. , 1	11									



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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

If Undar 1 Yaar

10f. Zip Coda

Days

Months

Certificate of Death

CALIFORNIA

UNKNOWN 2969148

Physician	
/Medical	
Examiner	

1. Dacedent's Nema (First, Middle, Last)

Lawrence Frederick Hoehl

6. Sex 1 M 2 □ F

2. Dete of Deeth JULY 4, 3. Time of Death

4e. Fecility Neme (If not institution, giva street end number)

4b. City, Town, or Location of Deeth

If Under 24 Hrs. Hours Min.

^{Dey} 1996 9:53PM 4c. County of Death

MARY'S

Funeral Director

28a-f show

ò Items 23s Director

Funeral

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Completed

Be

traumatic event, the Medical Examiner must be notified at

Pages 1 end 2 should be filed within 72 hours efter nent of Health end Mental Hygiene. Int: If Item 27 Is marked other than "natural", or ite

permit. Pages 1 end 2 s
Depertment of Health er
Important: If Item 27 Is
any injury or other trau

Physician /Medical

Examiner

physician sthe burial

esn

ate hes been signed by the e pege 2 should be deteched to

this certificate

Affer

sefter deeth.

To the Hospital within 24 hours e

illed in by the

completely

The law requires that the deeth certificate be executed

P.O. Box 68760,

Records,

Division of Vital or Attending Physician: Examiner

Physician/Medicai

Be Completed by

10

Certification:

Medical

Baltimore, Maryland 21215-0020

the Maryland

146-36-1281 Usuel Residence of Decedent 10a. Stete 10b. County

10c. City, Town or Location

7. Aga (In yrs. last birthday)

8. Date of Birth (Month, Dey, Year) Dec. 20, 19

9. Birthplece (Steta or Foraign Country) New Jersey

10d. Inside City Limits

5. Social Security Number

Maryland

St. Mary's

Lexington Park

1 ☐ Yes 2 No

10e. Street end Number

21498 Amy Road 11. Meritel Stetus

12. Was Decedent Ever in U,S. Argued Forces?

1 Ziyes 2 □ No
If Yes, Give
Yeer or Detes: 62–66

College (1-4or 5+)

MARYLAND ROUTE #235 BEFORE GUNSTON ROAD

51

 Was Dacadent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Ricen, etc.) 1 Yas 2 No

14. Race - Amarican Indien. Bleck, White, etc. Specify: White

10g. Citizen of Whet Country?

USA

1 Never Married 2 Merried 3 ☐ Widowed 4 ☐ Divorced

15. Decedent's Education (Specify only highest grade completed)

16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired)

20653

16b. Kind of Business/Industry

Construction

Elementary/Secondery (0-12) 17. Fether's Neme (First, Middle, Lest)

Frederick Carl Hoehl

18. Mother's Nema (First, Middle, Meidan Surneme)

19e. Informent's Name/Reletionship (Type, Pnint)

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)

Marv

Carol A. Hoehl

20b. Plece of Disposition (Nama of cemetery, cremetery or other plece)

Laborer

Wife 21498 Amy Rd. Lexington Park, Md. 20653 20e. Method of Disposition

1 ☐ Burial 2 ACremetion 3 ☐ Removel from Stete Metro Crematory Inc. 20c. Location - City or Town, Stete

7/10/96 Baltimore, Maryland

Runiak

4 ☐ Donation 5 ☐ Other (Specify)

22. Name end Addrass of Fecility

Brinsfield Funeral Home PA P.O. Box 279 Leonardtown, Md.

23a. Part1. Enter the disease, or complications shock, or heart failure. List only one ceus Immediate Cause (Final

ions that ceusad the deeth. Do not enter the mode of dying, such es cardlac or respiretory errast,

diseesa or condition resulting in deeth)

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseasa or Injury thet initieted events resulting in deeth) Lest

Due to (or es e consequence of)

Dua to (or as e consequence of):

23b. Did tobacco use contribute to the cause of death?

2 No

1 Yes 2 No

3 ☐ Probably 4 ☐ Unknown

24e. Wes en autopsy performed?

Yes

24b. Were eutopsy findings available prior to completion of causa of deeth?

Approximete intervel Between Onset end Death

25. Wes cese referred to medical examiner?

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

Other: 4 Nursing Home 5 Residence 6 Whar (Specify) 28d. Describe how injury occurred

ROADWAY

2 No

27. Manner of Deeth 1 Neturel

2 Accident 4 Homicide 5 ☐ Pending invastigation 6 Could not be determined Dete of Injury (Month, Dey Year)

Part II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I.

Injury 2150 M 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

26. Piece of Deeth (Check only one)

pedestrian struck by Lautis Location (Street end Number or Rurel Routa Number, City or Town, Stete)

29a, Cartifier

STREET 235 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date and plece, end due to the ceuse(s) end menner as steted. ACMedical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signato

29c. License number O.C.M.E. 29d. Dete signed (Month, Day, Year) JULY 5, 1996

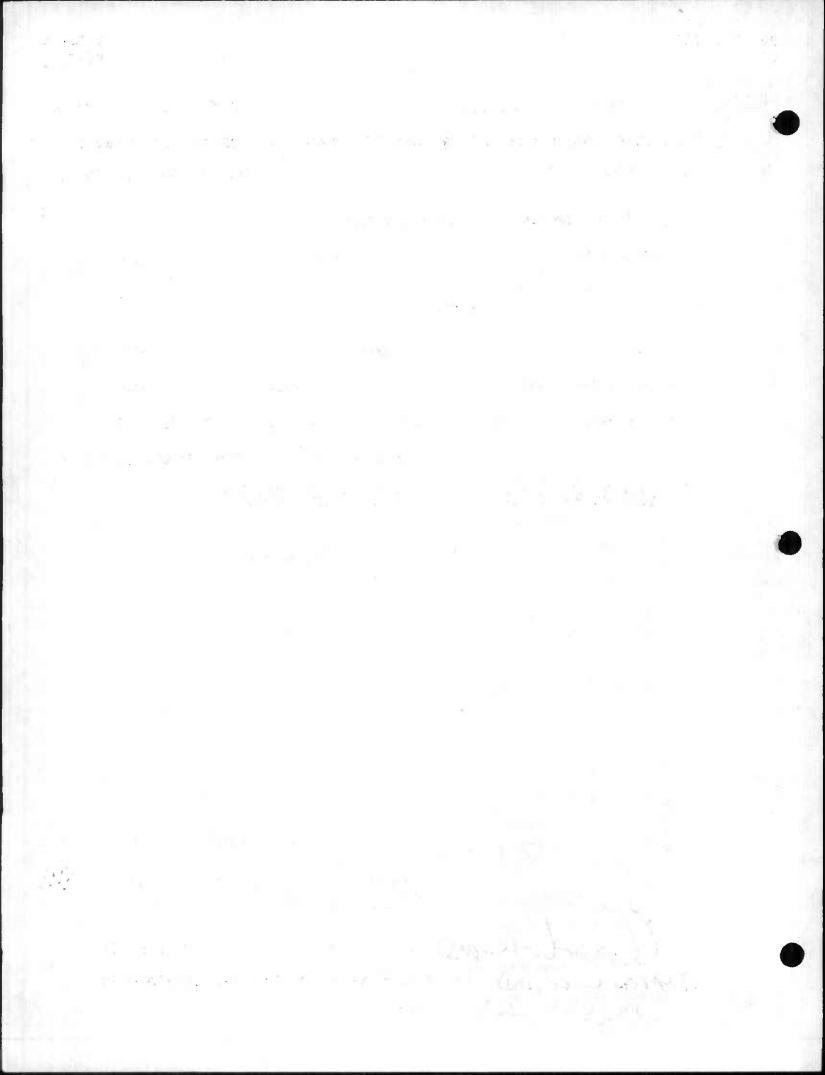
ss of person who completed ceuse of deeth (Item 23e) (Type, Print)

iAlon locke, MD

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Deta filed (Month, Day, Year)
JUL 11 1996

82. Registrer's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 21919 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Dete of Deeth Month **Physician** 9, Cecilia 1996 July 6:07 PM /Medical 4e. Fecltity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Prince Georges Presidential Woods Nursing Home Adelphi If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) Birthpiece (Stete or Foreign Country) Hours 1 □ M 2 🔀 F Months Deys 183-20-6218 March 12,1912 Pennsylvania Usuet Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 X Yes 2 □ No Director Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 935 Bonifant Street 20910 Funeral U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 11. Maritel Status 1 ☐ Yes 2 ☑ No It Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: þ Specify. 3 ₩ Widowed 4 Divorced White Be Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Etementary/Secondary (0-12) College (1-4or 5+) Technician Electric 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) 2 Frank Konkus Anna Mitroka 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 935 Bonifant Street Silver Spring, Maryland Angeline Nesgoda 20910 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetery or other place) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from State □ Dometion 5 □ Other (Specify) Gate of Heaven Cemetery 7/12/96 Silver Spring, Maryland 21. Signature of Funeral Service Licensee 22. Neme end Address of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., Maryland 20901 Inter the disease, or complications the reased the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate Approximate Approximete Intervel Between Onset end Death Imm clate Ceuse (Finat diseese or condition resulting in deeth) · ACUTE MYOCARDIAL INFARCITON Due to (or es e consequence of): Examiner Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Diseese or trijury that initiated events resulting In deeth) Lest Due to (or es e consequenca ot): Physician/Medical Due to (or es e consequenca of): Pert II. Other significent conditions contributing to death but not resulting to the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy tindings eveitable prior to completion ot cause of deeth? Completed 24a. Wes en eutopsy 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Wes case reterred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how tnjury occurred 28e. Dete of Injury (Month, Dey Year) 28b. Time of 1 Naturel 2 Accident 5 Pending Investigation 1 Yes 2 No 6 Coutd not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, tectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 - Homictde 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and ptece, end due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the basts of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) end manner steted. 29e. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29d. Date signed (Month, Dey, Year) M-S-No 7-11-96

38" NO

BRENTWUD MD 20722

To the Hospital or Attending within 24 hours after death.
To the Funeral Director: After completely filled in by the fur

Funeral

Director

show

288-1

or flams 23a or

'natural'

Hygiene.

affai

filed within 72 hours

Pages 1 and 2 should be nent of Health and Mental is marked

Department of Health at Important: If them 27 is any injury or other trau once.

Physician /Medical

Examiner

physician and s the burial-transit

been signed by the a

pege 2 certificate

director.

this funeral

After

or Attending Physician: The law requires that the death certificate be executed

Box 68760.

P.0.

Records,

Division of Vital

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

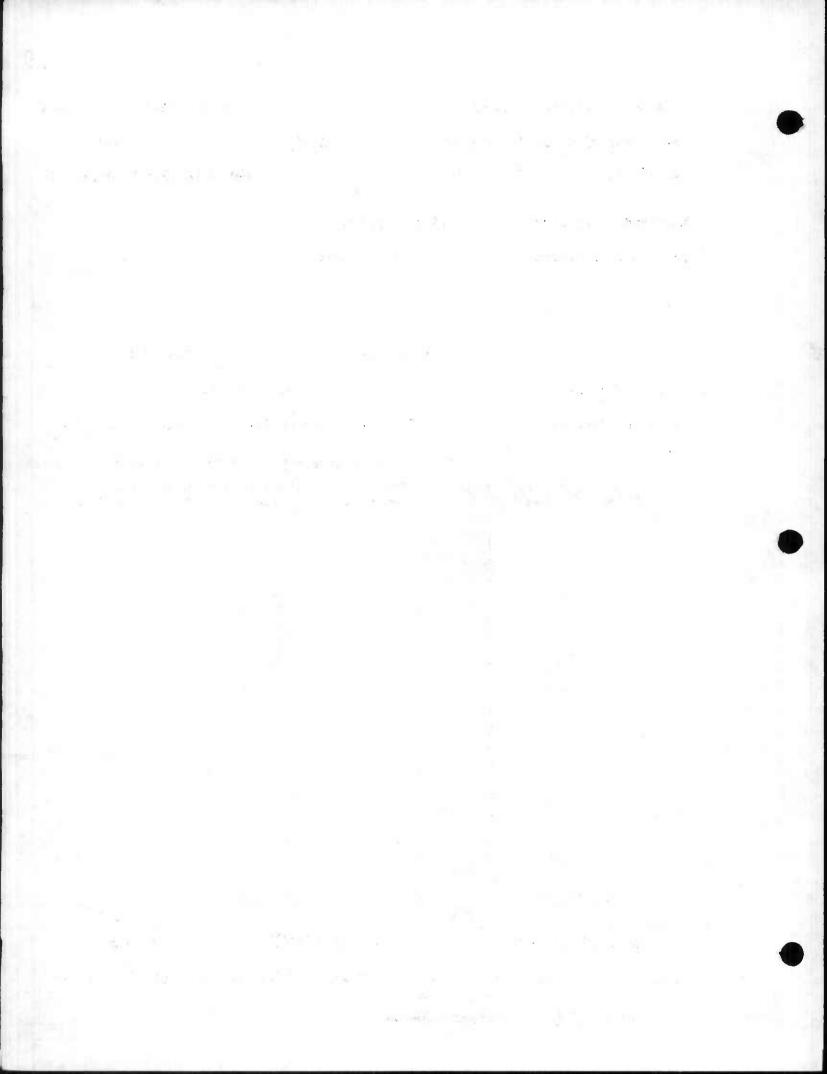
31. Dete tiled (Month, Dey, Year) State Registrar JUL 1 2 1996 32. Registrer's Signeture

30. Name and eddress of person who completed ceuse of deeth (ttem 23e) (Type, Print)

SANKARAN M. NAYAR, MD.

Fitta Davidson-Rendere

3717-



B.K.S ITEMS: 23 PART I, II, 27, State of Maryland / Department of Health and Mental Hygiene 28a-f, PER MEO FILM g-737 7/26/96 t.t Certificate of Death

П			1. Decedent's Nama (First, Middla	, Last)							2. Date of D			3. Tii	m of Leath	
Ų	Physic /Medi		VINCENT		RCH	J(ONES				Month			3	130 F	
	Exami	ner	4a. Facility Name (If not institution, 12523 ATHERT)						WHEA		ocation of Dea		onty of Death		Y	
	Funeral Director		5. Social Security Number 218-74-8147 Usual Residence of Decedent	6. Sex 1		yrs. last birthde 39 Yrs.	Months	1 Year Days		24 Hrs. Min.	8. Dete of B (Month, D April			hplace (Si untry) tucky	itete or Foreign	
	death with the Maryland ms 23a or 28a-f show r must be notified as	Director	10a. Stata 10b. County	gomery	100	Silvei	Location Sprin 10f. Zip					10g Citizen	of What Co	1 🗆	ide City Limits Yes 2⊠ No	
	h with		3603 Jeffry St	reet				090	16			Tog. Onizari	USA	and y t		
020	d within 72 hours after death with the Marylan jiene. r than "natural", or ferms 23a or 28a-f show tra Madical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. Was Dece Armed For	cas? 2 🗓 No a	in U,S.		ent of l	Hispanic Orig pan, Mexicen	gin? (Sp , Puarto	pecify Yes or No Rican, atc.)		Race - Amer Black, White		an,	
21215-0020	filed within 72 h Hygiena. ther than "natu	Completed	15. Decedent' (Specify only highest Elementery/Secondary (0-12)	grade complated) College (1-	-4or 5+)	(Gi	cedent's Usua ive kind of wor b. DO NOT us cudent	l Occu _l k done e retire	pation during most d)	of work	king	16b. Kind	of Business/I			
Maryland 2	be file d othe event,	To Be Co	17. Fathar's Name (First, Middle, L George Daniel	ast)	,		duent				e (First, Middle y Ruth	e, Meiden Sui				
	nd 2 saith ar 27 is r trau		19a. Informant's Name/Reletionsh George D. Jon								ral Route Numi			(ip Code)	-	
Baltimore,		20a. Method of Disposition 1 © Cremation 3 Removel from State 4 Donation 5 Other (Specify) 20b. Plece of Disposition (Name of cemetary, cremetory or other plece) Gate of Heaven Cemetery 7/11/96 Silver										on-City or i				
Balt	pemit. Page Department of Importent: If any Injury or once.		21. Signaturi Funeral Service L	E Ran			22. Name and Franci	Addre	ss of Fecility Coll	ins	Funera	al Home	, Inc			
	Physician /Medical Examiner		23a. Part1. Enter tha disaase, or of shock, or heart failure. List of limits and limits	omplications that ca nly one cause on ea	used that ch line.		entar the moda	of dyl	ng, such as o	cardiac	or respiretory	arrast,		Approx		
٥,	an end inal-trensit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that in its declarations)	b	Due	to (or es a cons	sequence of):									
Box 68760,	tha death certificata be asscuted y the attanding physician end tched for usa es the bunal-trensit	Physician/Medical	Cause (Dissess or injury that initiated events resulting in deeth) Last Due to (or as a consequence of):													
P.O.	d by the letached		Pert II. Other significent condition	e contributing to dea	ath but not	t resulting in the	undarlying ce	euse gi	ven in Pert I.						use of death?	
Records,	as the dead											s an autopsy formed?	a	ivaliable p	opsy findings onor to n of ceusa	
T	he le e he ege	ompleted									4757	Yes OF N		Park.	- C	

Be Co

To the Hospital or Attending Physicien: The within 24 hours efter death.

To the Funeral Director: After this certificate completely filled in by the funeral director, pe Certification: To

Division of Vital

25. Was cese referred to medicel examiner?				26. Place of De	eth (Check only one)
txXes 2 No	Hospitel: 1 ☐ Inpatient 2 ☐	ER/Outpetient	3□ DOA	Other: 4 Nursing	Homa 5 Desidence
7. Menner of Deeth 1 Naturel 2 Accident	28a. Date of Injury (Month, Dey Year)	28b. Time of Injury		Injury et Work? 1 ☐ Yes 2 🛣 No	28d. Describe how

4□ Nursing Homa 5℃ Residence 6 □ Other (Specify) s 2 No

28d. Describe how Injury occurred UNKNOWN

6 🛚 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide FOUND IN BASEMENT APARTMENT (RESIDENCE) 29a. Certifier (Check only one) 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end plece, and due to the ceuse(s) end menner es steted.

2. Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) and menner stated.

28f. Location (Street and Number or Rurel Route Number, City or Town, State) 12523 ATHERTON DRIVE MONTGOMERY COUNTY, MD

we and title of certifie

29c. License number O.C.M.E 29d. Dete signed (Month, Dey, Year) JULY 8, 1996

Neme and address of person who completed ceuse of death (Item 23e) (Type, Print)

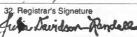
1Aly Arim A. Wohen by 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Dey, Year)

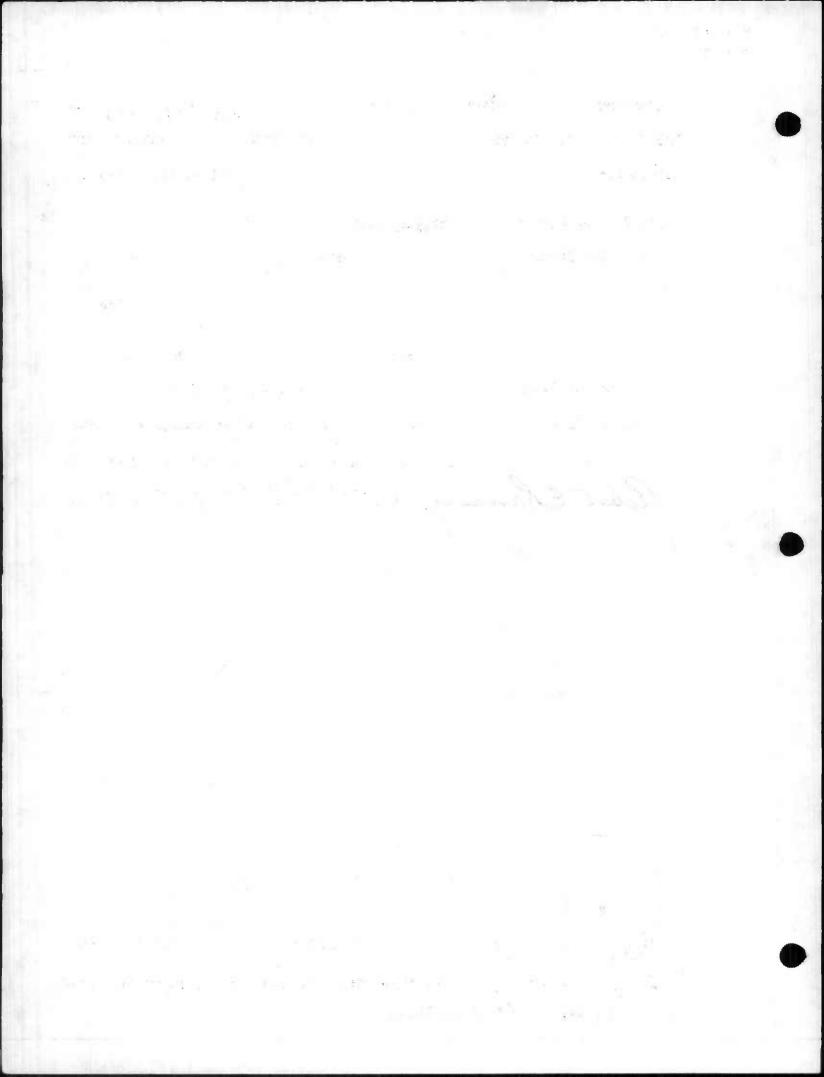
State Registrar

Medicai

JUL 11 1996

3 Suicide





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

						Cer	tificate	e of	Death		F	Reg. No.		- 1 o/ las		
			1. Decedent's Neme (First, Middle, L	ast)							2. Data of Dea		V	3. Tima of Death		
	Physici /Medi		MONTE I	EAN	KF	LLAR					JULY 9	Dey 9.1996	Yaar	11:18 PM		
5	Exami		4a. Facility Nama (If not institution, g	iva street and number,					4b. City, Tow	m, or Lo	cation of Death		of Death			
			PHYSICIANS MEMORIA	. HOSPITAL					LAPI	ATA		CHA	RLES			
	Funeral		5. Social Security Number 6.	Sax 7. A	ge (in yrs. last b	irthday)	If Undar		If Under 2	4 Hrs.	8. Data of Birtl (Month, Da)		9. Birtho	olece (Stata or Foreign		
	Director		234-56-8361 Usuel Residence of Decedent	1MM 2□F 59		Yrs.	Months	Days	Hours	Min.	(Month, Da) May 27		Cour	Virginia		
	land		10a. Stete 10b. County		10c. City, Tov	vn or Lo	cation						1	Od. inside City Limits		
	Mary F P	ō	Maryland Charle		Indian	TIO	ā							1X Yes 2 No		
	the the	9	10e. Street and Number	:5	Indian	nec	10f. Zip	Code				10g. Citizen of	What Cour	ntry?		
	with of	ā	7. 30.22											nuy.		
	s 23	97.0	40 Raymond Ave.	10 W D	Free to 11.0	40.1		0640		0 (0		U.S.		and to disc		
	er de Mem	Funeral Director	11. Marital Status	12. Was Decedent Armed Forcas	?	13. V	Yes, spec	ify Cub	en, Mexican,	Puarto I	cify Yes or No- Rican, atc.)	Ble	ck, White,	etc.		
21215-0020	n 72 hours efter death with the Maryland "natural", or frems 23a or 28a-f show polical Examiner must be notified at	þ	1 ☐ Never Merried 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	1 XYes 2 ☐ If Yes, Giva Year or Detes:	№ .1955–19		☐ Yes 2	No M	Specify:			Specif	w. Whi	.te		
5-	I within 72 ho liene. r than "natur the Medical	Completed	15. Decedent's ((Specify only highast g	Education	166	. Deced	ent's Usue	l Occup	ation	of workii	na	18b. Kind of B	usiness/In	dustry		
21	within ene. than *	pje	Elementery/Secondary (0-12)	College (1-4or	5+)	life. E	O NOT us	e retire	during most od)	or morkin	<i>'y</i>					
2	giene. grene. er than	5	10			arpe	enter					Self E	mplo	yed		
b	should be filed and Mental Hygic marked other imatic event, II	Be	17. Fathar's Nema (First, Middle, Las	t)					18. Mother	's Neme	(First, Middle,	Maidan Surnar	ne)			
<u>a</u>	lid be ked o	ToE	Freeman R. Kellar						Durci	715	Chango	~				
Maryland	d 2 should be th end Mental 7 is marked o traumatic eve	-	19a. Informant's Name/Reletionship		19	b. Meliin	g Address	(Street	Purdia Spencer reet and Number or Rural Route Number, City or Town, State, Zip Code)							
Ž	75 - 5	Same as #1											,,	,		
ø.	-755		20e. Method of Disposition	wife	20b. Placa comete					1	Date	20c. Location	- City or To	own State		
ō			1 ☐ Burial 2 ☐ Cremetion 3								4.0					
ij	Lant Lant		4 Donetion 5 Other (Spec		Metro						y 11,19	96 Alex	andr:	ia, Va.		
Baltimore,	permit. Pages Department of Important: If It any Injury or once.		21. Signature of Funerel Service Lica	ansee					ss of Fecility		ome, P.	7				
	70 E 9 9		Wenleth	Min	M0066	8 1	ndiar	anis n He	ead, Ma	irvl	and	A.				
			23a. Part1. Entar the disease, or con shock, or heert failure. List only	nplications thet cabe								rest,		Approximate intervel Between		
	Physician		SHOCK, OF HEER TRAILER. LINE ORI	y one ceuse on each i	ine.		,						1	Onset end Death		
9	/Medical		immediate Cause (Finei	7-	-trans	1/10	and .		and	T) an f	1-10	Leva.	i	+000		
	Examiner		diseesa or condition resulting in death)	a	1010	X I	ייוטע	-0	2001)	VA	12/20 6	12) Ma		- Cons		
		ē			Due to (or as a	conseq	uenca of):									
	nsit nsit	Examiner		b									i			
	and and al-tra	xa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events		Due to (or as e	conseq	uence of):						į			
9	be e iclan buris		cause. Enter Underlying Ceuse (Diseasa or injury	C									į			
68760,	ificate be executed g physician and as the burial-transit	edical	thet initieted events rasulting in death) Last		Dua to (or as a	consequ	uenca of):						1			
	E 0 6		· ·	d									i			
Вох	attendin	an		u									1			
	tha deeth cer y the attendin ached for use	Physician/M	Pert II. Other significant conditions	contributing to death t	out not resulting	in the un	derlying ca	ause giv	ven in Pert i.		23b. Did t	obacco uss co	ntribute to	o the cause of death?		
P.0	ras thet tha derigned by the a	h.									101	ss 2 No	3 Pro	bebly Unknown		
	beng be de	by F														
5	-= 0	8									24e. Wes		24b. W	ere autopsy findings allable prior to		
Records,	w requ	Completed		_							perfor	mear	co	empletion of causa death?		
Be	The law ate has b page 2 s	Ē										1				
B											1 U Y	es 22 No	11	☐Yes 2☐No		
ŧ	example 7 P								of Death	(Check only or	na)					
7								A	4 U Nurs	sing Hor	ne 5 🗆 Resid	ence 6 DOtt	nar (Specif	(y)		
								8c. Injur Wor	rk?	2	28d. Describe h	ow injury occur	теб			
.0	28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28a. Dete of Injury (Month, Dey Year) 28a. Place of Injury - At building, etc. (Special of the specia						М		Yas 2□N	0						
Division	or Attend efter deeth Director: /	III I	3 Sulcide 6 Could not determine	200. Place of in	jury - At home, f	erm, stre	et, fectory	, office		2	28f. Location (S City or Tow	treet and Numi	ber or Rura	ai Route Number,		
Ö	s effe	er.	213	building, a	ic. (Specify)						Only or You	11, 01010)				
	Hospital 24 hours Funeral stely filled		29a. Certifier 1□ Certifying P	hysician: To the best	of my knowledg	e, deeth	occurred a	at the tir	ne, dete end	plece, e	and due to the o	ause(s) and m	enner as s	teted.		
	the Ho hin 24 the Fu npletel	edical	(Check only one) Medical Exa	miner: On the basis of and menner st	of exemination as eted.	nd/or Inv	estigetion,	in my o	pinion, deeth	occurre	ed et the time, o	dete end pleca,	end due to	o the ceuse(s)		
	To the Within To the	ž	29b. Signature and title of certified		1		29c	. Licens	e number		- 2	29d. Dete signe	d (Month,	Day, Year)		
3.	> - 0		MILL	Xd.L	60.	L 1/2	(D-27	12/.0			Thise	L			
			30. Name and address of person who	CANI	a Dal	11	Trint'	D-27	240			1100	סי			
									LLCE							
				O OLD LINE C		ITE 1	00 W	ALDO	RF MD.	20602	2					
	Sta	_	31. Dete filed (Month, Dey, Year) JUL 1 2 1	32. Regist	rar's Signeture	P.	4.0									
	Registr	dľ	2017 2 13	JJU JEWA	ON HUBILION	MAN	P.LL									

Amended #17, 19b, MRT, 7/15/96 MRT, Mong Cty Maryland/ Department of Health and Mental Hygiene 96

Amended #7, 7/12/96, MRT, Montg. Cty. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Yaer **Physician** Joseph Franklin Kendall 9, 1996 9AM July. /Medical 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Takoma Park Montgomery 7620 Maple Ave. | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Oct. 11-1937 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** 1 M 2□ F Washington D.C. 58 230-40-3994 Yrs Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Health and Mental Hygiena. Important: if item 27 is marked other than "natural", or items 23s or 28s-4 show any injury or other treumatic event, the Medical Experient must be notified at once. 10a. Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2 ☐ No Director Montgomery MD Takoma Park 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code 7620 Maple Ave. Apt #101 20912 U.S.A. Funeral Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puerto Rican, etc.) Reca - American Indian, Bieck, White, etc. 1 Nevar Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced 1960 Completed 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elamantary/Secondery (0-12) College (1-4or 5+) Taxi Cab Driver Transportation 17. Fathar's Nama (First, Middle, Last) Frank J. Kendall 18. Mother's Neme (First, Middle, Maiden Sumame) Frank J. Keldall Dorothy R. Cole 19e. Informant's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 401 west Ave.37 Los Angeles CA 90065 Toni L. Cobarrubias (Daughter) 20b. Pleca of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete Data 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from Stete Fort Lincoln MD 7-12-1996 4 ☐ Donetion 5 ☐ Other (Specify) MortLincoln crematory 21. Signeture of Funeral Service Line 22. Nama and Address of Fecility Hines Rinaldi Funeral Home 11800 New Hampshire Ave. Silver Spring, MD 20904 Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilura. List only one cause on each lina. Approximate Intervel Betwaen Onsat and Death Physician Immediete Ceusa (Final diseese or condition resulting In deeth) /Medical My orandeal Q Morental Examiner Due to (or es a consequance of): Examiner Years physicien and the buriel-transit Sequentielly list conditions, if any, leading to immediata ceuse. Enter Underlying Cause (Disease or Injury that Initiated events rasulting in death) Last law requires that the death certificate be Physician/Medical Dua to (or as a consequence of): 950 Por Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown à 24b. Wera eutopsy findings evelleble prior to completion of ceusa of death? 24e. Wes an eutopsy performed? Completed Cerebra apular 1 ☐ Yes 2 ☐ No 1 Yes 2 No certificate funeral director, 25. Wes case rafarred to medical examiner?

1 Yes 2 No 28. Pleca of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this 28a. Date of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1. Neturel 5 Pending of or Attending effer death. Director: Aft 1 ☐ Yes 2 ☐ No 2 Accident investigetion 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, ferm, streat, fectory, office building, etc. (Specify) 4 Homicide

Division of Vital Records, P.O. Box 68760, 24 hours e To the Hosp within 24 ho To the Fune completaly f

State

edical

29a. Certifier

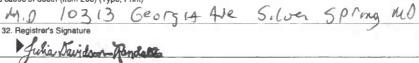
(Check only one)

29b. Signeture end title of certifier

31. Dete filed (Month, Day, Year) JUL 1 2 1996

Dewstok 30. Nema and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

WEINSTOCK M.D



1 Certifying Physician: To tha best of my knowledga, daeth occurred et tha tima, data and place, end due to tha ceusa(s) and menner es stated.

2 Medical Examinar: On the besis of examination and/or invastigation, in my opinion, daath occurred at tha time, data and placa, and due to the ceuse(s) end menner steted.

29c. Licansa number

29d. Date signed (Month, Day, Year)

Registrar

DHMH 16 Rev 6/95

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Ba	permit. Pege Department of important: If any injury or once.		21. Signature of Fu	Ineral Service L	.icensee	,		DA	Neme end	KY-	GOLDB	ERG	MEMORI	AL CHAP	ELS, I	NC.	
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	Examiner		disease or condition resulting in death)	n	a. Cer		e to (or as e			0	لان	021			- I	year	
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ior	Attending P or deeth. ector: After i by the funer	atlo	1 Natural 2 ☐ Accident	5 Pending investige	ation	nth, Day Y	ear)	Injury	М		Yes 2	No					
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State of Maryland / Department of Health and Mental Hygiene

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			Holy C	ross Hos	pital				Sil	ver	Spring	Мо	ntgomery	7
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Deeth 3. Time of Deeth Month SR SUL 4e. Fecility Nema (If not Institution, give street end number 4b. City, Town, or Location of Death 4c. County of Death Southern Maryland Hospital Center Clinton
If Undar 24 Hrs. Prince George If Under 1 Yeer Birthplace (Stata or Foraign Country) 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) 1 M 2□ F Deys Hours Min. Yrs 85 October 3, 1910 New York 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Fairfax Alexandria 10f. Zip Coda 10g. Citizan of What Country? 5904 Mount Eagle Drive Unit# 4810 22303 U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces? 14. Race - American Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 1 Nevar Married 2 Merried 1 ☐ Yas 2 ☐**X**No if Yas, Give Yeer or Dates: 1 Yas 2 No White 3 ☐ Widowad 4 ☐ Divorced 18a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade complated) 16b. Kind of Businass/industry Eiementary/Secondary (0-12) Collega (1-4or 5+) Civil Engineer City of New York 17. Fathar's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Jasper T. Kane Laurette Riley 19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Kathryn R. Kane 5904 Mount Eagle Drive #4810 Alexandria, VA 22303 20b. Pleca of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, State July 5, 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramovel from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) St. Mary's Cemetery Alexandria, VA 1996 21. Signature of Funerel Sarvice Licensee 22. Neme end Addrass of Facility Demaine Funeral Homes, Inc. Alexandria, Virginia 23a. Pert1. Entar the disaesa, or complications that caused the daeth. Do not entar tha mode of dying, such es cardiec or raspiretory arraat, shock, or heart failure. List only one cause on each line. 23b. Did tobacco use contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wara autopsy findings aveileble prior to complation of cause of death? 24e. Was an autopsy performed?

Physician /Medical Examiner

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To the Within 2

Box 68760

Records, P.O.

Division of Vital or Attending Physician: **Physician**

/Medical

Examiner

Funeral

Director

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permit. Pages 1 and 2 should be flied withir Department of Health and Mental Hygiene. Important: If frem 27 is marked other than any Injury or other traumatic avent the second of the s

the Maryland

Baltimore, Maryland 21215-0020

ATHUR

5. Sociei Security Number

056-05-7375

10a State

Virginia

10e. Street and Number

20e. Mathod of Disposition

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Director

Funeral

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2

Usual Rasidance of Decadant

Examine by Physician/Medical Completed Be

Sequentially list conditions, if eny, laading to immediate causa. Enter Underlying Cause (Disease or injury thet initiated avants resulting in death) Last

Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 25. Was casa refarrad to medical axaminer?

28a. Data of Injury (Month, Day Year)

28b. Tima of

28a. Place of Injury - At home, ferm, straat, fectory, office building, atc. (Specify)

Registrar's Signatura

Hospital: Inpatient 2 ER/Outpatient 3 DOA

1 Yas 2 No 26. Place of Death (Check only one)

1 Yes 201 No

Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 28d. Dascribe how Injury occurred

281. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifian (Check only one)

1 ☐ Yes 2 XNo

27. Manner of Death

1 Natural

2 ☐ Accidant

3 Sulcide

4 Homicida

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

28c. Injury at Work?

29b. Signature and title of cartifier. person who completed causa of death (Itam 23a) (Type, Print)

1 ☐ Yas 2 ☐ No

29d. Dete signed (Month, Day, Year)

31. Data filad (Month, Day, Yaar)

JUL 0 9 1998

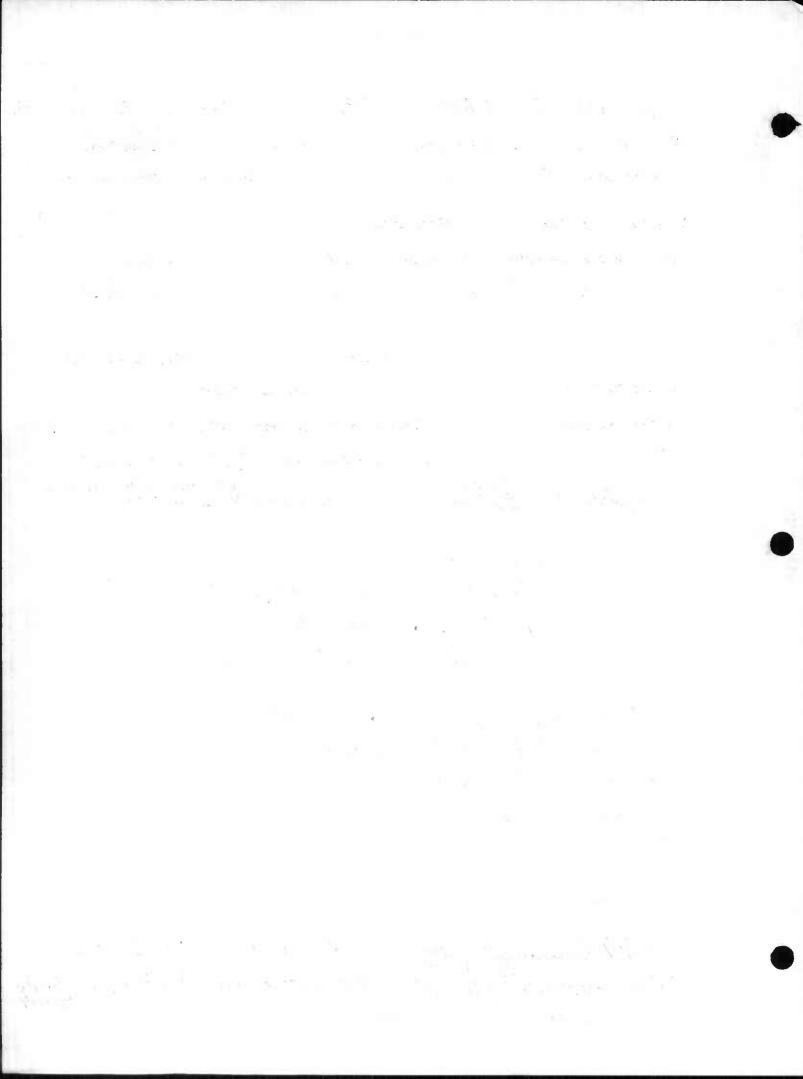
5 Panding

Invastigation 6 Could not be

LIVINGSON

State Registrar

Certification: To



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

					State	of Mary	land.	,	rtment of			Mental Hy	giene Reg. No.	96	21921
	Physic	an	1. Decedent'a Name (Fi		•							2. Dete of De Month		Yeer	3. Time of Deeth
	/Medi				nard War		Curri	1S				July 6			7:45 PM
	Exami	ner	4a. Fecility Neme (If not			umber)						ocation of Deal	100	y of Death	
4			10108 Cour						Killadas d Va		otoma			tgom	
	Funeral Director		5. Social Security Numb 011-20-9990)	Sax 1MM 2□F	7. Age (Ir	71	Yrs.	If Undar 1 Ya Months De		dar 24 Hrs. rs Min.	8. Data of Bi (Month, Di Dec.]	rth e <i>y, Year)</i> 1924	9. Birth Cou Mas:	pleca (State or Foreign ntry) sachusetts
	pug *_		Usuel Residence of Dec	b. County		10	c. Citv. T	own or Loc	ation			-			10d. Insida City Limits
	ith with the Maryler 23s or 28s-f show ust be notified at	Director	7000000	Montgo	omery			Potoma							1 ☐ Yes 2 ☑ No
	章 oc 2	Sire	10e. Street end Number	r					10f. Zip Cod	le			10g. Citizan of	What Cou	ntry?
	23a	le l	10108 Cou	ınselm <i>a</i>	ın Road				2	0854			Unite	d Sta	ates
0	within 72 hours after death with the Maryland ans. than "natural", or items 23s or 28s-f show he Medical Examiner must be notified at	Funeral	11. Meritel Status 1 ☐ Navar Married	25 Married	12. Was Dec Armed F	cedent Ever orcas? 2 No ive	r In U,S.					ecify Yes or No Rican, atc.)	0- 14. Ra Ble	ce - Amari eck, Whita	can tndian, , atc.
02	ral', o	by	3 ☐ Widowed 4 ☐	Divorced	If Yes, G Yaar or I	ive Datas: W	W II		□Yas 2【XI	No Spec	cify:		Speci	y: Wl	nite
Maryland 21215-0020	n 72 hours "natural", edical Ex	Completed	15. (Specify o	Decedent's E	ducation ade completed))	1	6e. Decede	ent's Usual Oc kind of work do O NOT use re	cupetion na during r	nost of work	ing	16b. Kind of B	Businass/Ir	ndustry
212		ошо	Elementery/Seconder	ry (0-12)	College ((1-4or 5+) -			awyer	urea)			Marit	ime 1	Law
p	Hygie other	BeC	17. Fethar's Nema (First	t, Middle, Las	t)					18. M	other's Nem	e (First, Middle	, Maiden Sume		
lar		To B	Warren E.	Kurru	ıs					J	ennie	Palm			
ary	d 2 should th and Mer 7 is marke traumatic		19e. Informent's Neme/	Reletionship	(Type, Print)		1	19b. Meiling	Address (Str	eet and Nu	mber or Rui	rel Route Numb	per, City or Town	, Stete, Zi	p Code)
Σ			Dorothy M.	Kurru	s/Wife		1	.0108	Counse	1man	Road,	Potoma	ic, Mary	land	20854
Baltimore,	agas 1 and ant of Haalt It: If Item 27 y or other 1		20e. Method of Dispositi 1 ☐ Burial 2 ☒ Cr 4 ☐ Donetion 5 ☐	emetion 3 [ceme	etery, crem	atory or other	place) Ju	1y 9	Date 1996	20c. Location		
Baltin	permit. Pagas Department of Important: if it any Injury or once.		21. Signaturing Furiera	-100-00-00-00-00-00		MOC	198		Nama and Ad				1 Home/		aryland nesda-Chevy ase, Inc.
	Physician /Medical Examiner		23e. Part1. Entar the di shock, or heer fall Immediata Ceuse (Fine disease or condition resulting in deeth)			caused the aech lina.	deeth. C	Do not anta	r tha mode of	a, Ma	rylan i es cardiec	d 2081 or respiretory (4-3501 errest,		Approximate Interval Between Onsat and Death
Box 68760,	death certificata be axecuted a attanding physician and of for use as the bunial-transit	In/Medical Examiner	Sequentielly list condition of any, leeding to immediate. Enter Underlying Cause, Disease or Injurthet initiated avents resulting in death) Lest	ons, diete g y	b. ————	cer of	to (or es	e consequ							l½ years
		sicia	Pert II. Other significant	t conditions	contributing to d	leath but no	ot resultin	a in the un	deriving cause	given in P	ert I.	23b. Did	tobacco use c	ontributs t	to the causs of death?
P.0	requires that the des een signed by the a hould be deteched f	y Physician/M													obably 4 Unknows
ecords,	aw requisible been 2 shou	Completed by											an autopsy ormed?	91	Vere eutopsy findings valleble prior to ompletion of causa deeth?
E.	The la ata ha page	S										10	Yas 2 No	1	☐ Yas 2⊠ No
of Vital	ysiclan: The	Be	25. Wes case referred to exeminer?	o medical							lace of Deel	h (Check only	one)		
7	2 00 10	2	1 ☐ Yes 2 ☐ No			Inpatient		Outpetient	3LI DOA		Nursing Ho	oma 5 ☑ Ras	Idence 6 🗆 Ot	har (Speci	fy)
Division o	Iling After funa	ation:	2 Accident	Pending investigation	n	of tnjury oth, Dey Ye	ar) 28	b. Time of Injury		njuryet Work? I∐Yes 2	!□No	28d. Describe	how injury occu	irred	
Divi	× 5 = c	Certification:	3 ☐ Sulcide 6 [4 ☐ Homicide	Could not to determined	286. Pieci	e of Injury - ling, etc. (S	At home pecify)	, ferm, stre	et, fectory, offi	Ce			(Street and Num wn, Stete)	ber or Rur	al Route Number,
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical (29a. Certifler 1 (Check only one) 2 □	Certifying Pl Medical Exa	miner: On the b	e best of my pasis of axa nner steted.	y knowled mination	ige, deeth and/or inva	occurred et the astigetion, in m	e time, dete ny opinion,	end piece, death occur	end due to the red et the time,	cause(s) and m	nenner es : , end dua !	steted. to the causa(s)
	To th To th comp	M	29b. Signature end title	of certifiar	1 /		Da	-	29c. Lic	ansa numb	er		29d. Deta sign	ed (Month,	Day, Year)

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29c. Licansa number In and Da 470

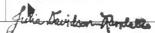
D17368

29d. Deta signed (Month, Day, Year) July 8, 1996

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Stanley A. Schwartz, M.D. 5454 Wisconsin Ave., Chevy Chase, Maryland 20815 31. Data filed (Month, Dey, Year) 32. Registrar's Signature

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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-		lives.	,	400	line.

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month Year Dolores Moxley Kopp July 10 1996 11:20 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 731 West Bel Air Ave., Apt. 1D Aberdeen Harford If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthdey) 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Deys Hours Months 1 M 2 X F Vrs 218-28-6578 64 30, 1931 North Carolina Director Usuei Residence of Decedent tha Maryland 10a. Stete 10c. City, Town or Location 10b. County 10d. tnside City Limits rai', or items 23a or 28a-f show Examiner must be notined at 1 X Yes 2 □ No Directo Maryland Harford Aberdeen 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Pagas 1 and 2 should be filed within 72 hours aftar death with 1 and of health and Mental Hygiene.
Int. if item 27 is marked other than "natural", or items 23a or 3 and 10 or other traumalic event, the Medical Exerting from the last or other traumalic event, the Medical Exerting from 731 West Bel Air Ave., Apt. 1D 21001 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decadent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Yes 2 No If Yes, Give Year or Detes: 1 Never Married 2 M Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: à White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Own Home Homemaker 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Charlie Clive Myers Blanche Wilma Jo 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Stephen J. Kopp - Husband 731 W. Bel Air Ave., Apt. 1D, Aberdeen, Md. 21001 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete permit. Pagas Department of Important: If it any injury or o 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Gardens of Faith Cemetery 7-12-96 Baltimore, Md. 21. Signeture of Funeral Service Licenses 22. Neme end Address of Fecility Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md. 21009 Part Linux the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Final Acute Coronary Artery Disease diseese or condition resulting in deeth) Examiner Due to (or es e consequenca of) **ASCVD** Examiner law requires that the death certificate be executed physician and the burial-tran Sequentially list conditions, if eny, teeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760. Physician/Medical Due to (or es e consequenca of): as usa been signed by the a should be detached f Pert ti. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Dtd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Osteoporosis Division of Vital Records, þ 24b. Were autopsy findings avelleble prior to completion of cause of death? 24a. Wes an autopsy performed? COPD paga 2 s 1 ☐ Yes 2 ☒ No 1 ☐ Yes 20 No cartificata or Attending Physician: 25. Wes case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospital: tX Yes 2 No Other: 4 ☐ Nursing Home 5 ☒ Residence 6 ☐ Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA After this funeral 27. Menner of Deeth 28d. Describe how Injury occurred 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Neturei after daath. Director: Af 1 ☐ Yes 2 No NA NA 2 Accident NA 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 ☐ Homicide NA NA • Funeral C Hospital 29a. Certifier 1 Certifying Phyeiclan: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end minerial as a second 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner stated. To the Hosp within 24 ho To the Fune complately fi 29d. Dete signed (Month, Dey, Year) 29b. Signeture end title of certifier 29c. License number DME OCME July 10th 96 30. Neme and eddress of person who completed cause of deeth (item 23e) (Type, Print)

State Registrar 31. Dete filed (Month, Dey, Yeer)

1996 Jah Studen Rada

G.S.Prabhu M.D. 1810 Belair Rd. #102 Fallston MD. 21047, 410-879-6564

a spinist runes.

Amended item #26 per VR Co. P.L.C. State of Maryland / Department of Health and Mental Hygiene Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Daeth 3. Time of Death Month **Physician** WALTER JOHN LUQUES 6, 1996 JULY 12:54 PM /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CARROLL COUNTY GENERAL HOSPITAL WESTMINSTER CARROLL 7. Age (In yrs. lest birthdey) | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) | (Month, Dey, Year) 5. Social Security Number 6. Sax Birthplace (State or Foreign Country) **Funeral** 1₩ 2□ F 029-38-8613 Yrs. Director 48 11/25/1947 NEW JERSEY Usual Residence of Decedent filed within 72 hours efter deeth with the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f ahow 1X Yes 2 No WESTMINSTER MD. CARROLL Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ms 23a or 201 ST. MARK WAY 21158 USA. Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Bleck, White, etc. 1K) Never Merried 2 Merried 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Detas: Baltimore, Maryland 21215-0020 1 ☐ Yes % No Specify: Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced "natural" the Medical Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grada complated) than Elamantary/Secondery (0-12) Collage (1-4or 5+) Hyglene. MANAGER 12 RESTAURANT marked other 17. Fether's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Meidan Surnama) Peges 1 end 2 should be 1 nent of Health end Mental STANLEY FALES LUQUES JUNE GERTRUDE SMITANSKY 19a. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Steta, Zip Code) item 27 JUNE G. LUQUES 201 St. MARK WAY, MOTHER WESTMINSTER, MD. 21158 other 20b. Place of Disposition (Neme of cematary, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriei 2☐ Cramation 3 ☐ Removal from State = 5 4 ☐ Donation 5 ☐ Other (Specify) CARROLL CREMATION 7/8/96 HAMPSTEAD, MD. Mineral Bervice Licenses 22. Name and Addrass of Fecility FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD. 21157 e, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical immediate Ceus Final SUBBEN CAMINE BORTH disaasa or condition rasulting in deeth) Examiner physicien and s the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cousa (Disaase or injury that initiated events resulting in death) Last Due to (or as e consequence of): Box 68760, Physician/Medical Due to (or as e consequence of) for use es signed by the e Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? O 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Ware autopsy findings evailabla prior to complation of ceusa of deeth? should 24e. Was an autopsy performed? Completed page 2 20 No certificate 1 ☐ Yas 2 ☐ No Attending Physician: director. 25. Was case referred to medical Be 26. Plece of Deeth (Check only one) Othar: 4 Nursing Homa 5 Residence 8 Other (Specify) Hospital: 1 ☐ Inpatient _______3 ER/Outpatient __ 3 DOA 2 1 Yes 2 No this funerai 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28b. Tima of 28d. Describe how injury occurred Certification: After 1 Naturel 5 Pending or Attending after death. 6/96 1 ☐ Yes 2 ☐ No Invastigation 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of njury - At home, farm, straat, factory, office building, etc. (Specify) Location (Street end Number or Rural Roufe Number, City or Town, Stete) yd ui 4 Homicide 24 hours aft Funeral Di letely filled in Hospital 29a. Cartifier 12 Certifying Phyaician: To the best of my knowladge, death occurred et the time, dete and place, and due to the ceuse(s) end menner es stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at tha tima, data end place, and dua to the causa(s) end menner stated. within 2 To the I

29c. Licanse number

nalcolm or Westmin

29d. Data signed (Month, Day, Year)

State Registrar

DHMH 16 Rev 6/95

29b. Signature and the of Sertifier

31. Date filed (Month)

coth JUL 8

30. Name and addrass of person who completed causa of death (Item 23e) (Type, Print)

32 Registrar's Signature

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31. DATE FILED (Month, Day,

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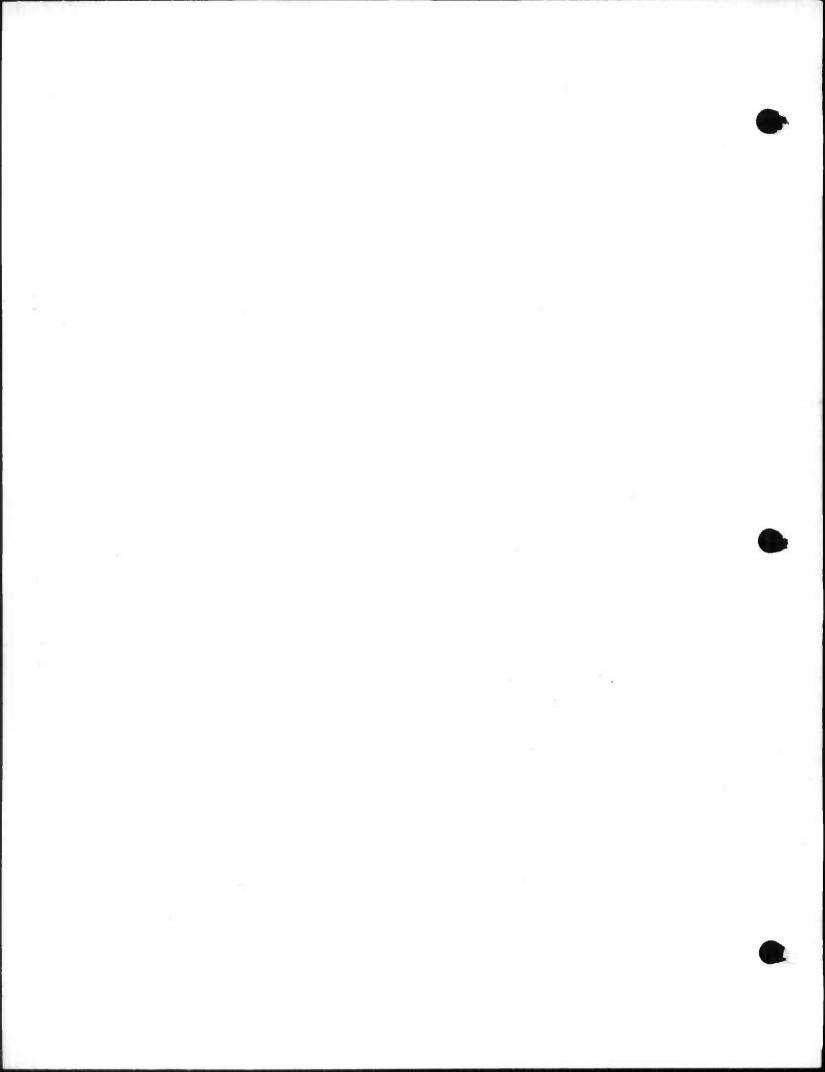
32. REGISTRAR'S SIGNATURE

Lulia Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0820 July To 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS BIRTHPLACE (State or Foreign Country) 1 🗌 M 2 🖳 F DAYS HOURS 62 YRS. 321-30-4666 May 5, Ireland Pages 1, 2, 3 should 90. FACILITY NAME (If not instit 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SHADY GROVE ADVENTIST HOSPITAL DIRECTOR ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Montgomery Maryland 1 X YES 2 | NO permit, Gaithersburg FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit obunial, cremation, or removal. 18609 Walkers Choice Road, Apt. 20879 United States hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 □ YES 2 ☒ NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY 3 📉 Widowed 4 🗌 Divorced Specify: White 16a. DECEDENT'S USUAL OCCUPATION
(Take kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) ndary (0-12) College (1-4 or 5+) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Malden Surname notified at James Donaghy 8 Margaret Devlin 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Phillip C. Mandalou Randolph Road, Wheaton 20902-1246 Maryland pe 20a. METNOD OF DISPOSITION
1 \(\times \) Burlei 2 \(\times \) Cremation 3 \(\times \) Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of community, crammeter, or other place)
National Memorial Park 1996 20c. LOCATION -- City or Town, State must 4 Donation 5 Other (Specify) Falls Church, Virginia 22. NAME AND ADDRESS OF FACILITY
ROBert A. Pumphrey Funeral Home/
Rockville, Inc. 300 West Montgomery
Avenue, Rockville, Maryland 20850-2805 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00831 Barbara awrence medical 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition Intraction resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) executed CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to DIRECTOR: After this certificate has been signed by the attending physician is hours after death with the State Dept. of Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING the death certificate be DUE TO (OR AS CONSEQUENCE OF): CAUSE (Disease or Injury that initieted events other t reaulting in death) LAST 9 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? апу 1 - YES 2 NO requires OF DEATH? Penia 20 1 - YES 2 - 100 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES INO X UNCERTAIN OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 % Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATN 28a. DATE OF INJURY marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident м BΥ 1 YES 2 NO Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) -3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 28 29a. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner se stated. TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 hr 2 MEDICAL EXAMINER: On the b tion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TIPLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Ybar) 100 2 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Gertificate of Death

						Certifica	ate of	Death		1	Reg. No.								
	Physic	ian	Decedent's Nama (First, Middle, Last,							2. Data of Dea	Day	Year	3. Time of Death						
	/Medi		LEWIS		LOYD					July !	5, 19		4:05 p.1						
A	Exami	ner	4a. Facility Name (If not institution, giva 4700 Accokeek							ation of Death									
Н	-		5. Social Security Number 6. Sa.		(In yrs. last birtl	nday) If Und	dar 1 Yaar	Brar	ndyw				eorges						
г	Funeral Director			XM 2□ F 8(rs. Month		Hours	Min.	8. Date of Birt (Month, Day Aug. 3	, Year) 1915	Coun	place (State or Foreign stry) Sh. DC						
Н			Usual Residence of Decedent							1149.5	, 1515	wa	SII. DC						
	how		10a. State 10b. County		10c. City, Town							1	0d. Inside City Limits						
	Ma Ma	ctor	MD Prince	Georges	Br	andyw	ıne						1 X Yes 2 ☐ No						
	th th	Director	10e. Street and Number	-		10f.	Zip Code				10g. Citizen of V		itry?						
	23a		4700 Accokeek	Road				613			U.S	.A.							
	ar de	Funeral	11. Marital Status	12. Was Decedant Ev Armed Forces?		13. Was De	cedent of F pecify Cub	lispanic Orig an, Maxican	gin? (Spec , Puerto P	cify Yas or No- licen, etc.)	- 14. Rac Biac	e - Americ k, White,							
20	rs aft	by F	1 ☐ Nevar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced	1. Yes 2 □ No If Yes, Giva Year or Dates:		1 ☐ Yes	≱ O¥No	Specify:			Specify	Bla	ck						
8	d within 72 hours after death with the Maryland jiene. r than "natural", or items 23s or 28s4 show the Modical Examiner must be notified at	8	15. Decedent's Edu		16a. l	Decedent's U	sual Occur	pation			16b. Kind of Bu	usiness/Inc	dustry						
21215-0020	hin 7.	plet	(Specify only highest grad	e completed) College (1-4or 5+)		Giva kind of life. DO NOT	work done use retire	during most d)	of workin	g									
2	d within giene. or then "	Completed	Elementary/Secondary (0-12) 8 th	College (1-401 5+)	T	ruck	Driv	er			Paving Co.								
nd	be filed tral Hygid other event, tr	Be (17. Father's Name (First, Middle, Last)					18. Mothe	r's Name	(First, Middle,	Maiden Sumam	18)							
yla		2	Edward Lloyd					I	Lula	West		2							
Maryland			19a. Informant's Neme/Reletionship (Ty			_					er, City or Town,								
	Health a Health a Hem 27 li		Mary E. Lloyd 20a. Mathod of Disposition	(MITE)					Koau		-		D 20613						
יסר	in it is		1 ☐ Buriai 2X Cremation 3 ☐ F	lemoval from State		Ob. Place of Disposition (Name of cemetery, crematory or other place)			1	Date 20c. Location -									
Baltimore,	it. P.		4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sarvice Licen ■	00. 4	Metro			Crematory 7/6 Alexandria, VA					a, VA						
Ba	permit. Pages 1 are Department of Heal Important: If Item 2 any injury or other once.		a - A	_/	1	SNO	WDEN	FUNI	ERAL	HOME	, P.A.								
	_		23a, Part1, Enter the displace or compil	cations that caused the	death Do no			LE, N		20850	rest.	-	Approximate						
	Physician		23a. Part1. Enter the disease, or compleshook, or heart failers. List only of	ne cause on each line.				0		0.511.710.712.5 13.7			Interval Between Onset and Death						
À.	/Medical		Immediate Cause (Final disease or condition	COMA	. oma	0-	+0,	Vie	22.0			1	1111						
ı	Examiner		rasulting in death)	- Carre	ue to for an a or	onsequence	ne	M	7			-	191.						
	p ≅	Iner		2	pour where			1	0				0						
	eath cartificate be executed attending physician and for use as the burial-transit	Examiner	Sequantially list conditions,	Di	ue to (or as a or	onsequence c	0:												
60,	cian cian	al E	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Causa (Disease or Injury																
68760,	phys the	Medical	that initiated events resulting in death) Last	ue to (or as a co	(or as a consequence of):														
ox	cartifi Iding																		
ŏ	death e atter ed for u	Iclai	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Dic							22h Did	lobacco use co	atelliuste to	the cause of death?						
0	by th	hys	at it. Other significant conditions con	iting to death but	not resulting in	trie driderlysti	a cense Au	ron an ranti.			Yes 2 No	3 Prot							
S, D	es the defended	by																	
of Vita	v requires been sign should be				Completed b										24a. Was	an autopsy		ere autopsy findings allabie prior to	
	The law ate has t page 2 s							plete	plet	nple								performed?	
													1 ☐ Yes 2 ☐ No		10	Yes 2□ No			
	Physicien: The this certificate ral director, pag	Be	25. Was case referred to medical axaminer?						of Death	(Check only o	na)								
	0 0	7	1 ☐ Yes 2 No	lospital: 1 Inpatient				4 LI NU			dence 6 □Oth		v)						
	Ing P	lon:	27. Manner of Death 1 Matural 5 ☐ Pending	28a. Data of Injury (Month, Day)	/ear) 28b. Ti	jury	28c. Injui												
	death death death the	Icat	2 Accident Investigation M 1 Yes 2 No							Street and Numb	and Alimbar or Direct Pouts Alimbar								
<u>≥</u>	after Direct	Certification:	Suicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 5 Homicide 5 Home, farm, street, factory, office building, etc. (Specify) 5 Homicide 5 Homicide 5 Homicide 5 Homicide 5 Homicide 5 Homicide 6 Homicide 6 Homicide 6 Homicide 6 Homicide 6 Homicide 6 Homicide 6 Homicide 6 Homicide 7 Homicide 8 Homicide 8 Homicide 8 Homicide 8 Homicide 8 Homicide 8 Homicide 8 Homicide 8 Homicide 8 Homicide 8 Homicide 8 Homicide 8 Homicide 8 Homicide 9 Homicide 1 Homicide 8 Homicide 1 Homicide 8 Homicide 1 Homicide 8 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 2 Homicide 1 Homicide 2 Homicide 2 Homicide 3 Homicide 4 Homicide 4 Homicide 4 Homicide 5 Homicide 8 Homicide 1 Homicide 8 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 2 Homicide 1 Homicide 2 Homicide 3 Homicide 4 Homicide 4 Homicide 4 Homicide 5 Homicide 5 Homicide 5 Homicide 6 Homicide 6 Homicide 8 Homicide 8 Homicide 8 Homicide 8 Homicide 8 Homicide 8 Homicide 9 Homicide 9 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 2 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 1 Homicide 2 Homicide 1 Homicide 2 Homicide 3 Homicide 4 Hom								r riodio rvanicor,								
_	To the Heepital or Attending Ph within 24 hours after death. To the Funerel Director: After thi completely filled in by the funeral		29a. Certifier 1 Certifying Phys	sician: To the best of r	my knowiedge.	deeth occurre	ed at the tir	me, date and	d plece, e	nd due to the	cause(s) and ma	nner as st	lated.						
	he Ho in 24 I he Fu pletely	edical	(Check only 2 Medicei Examir one)	ner: On the basis of an and manner stete	xamination and	or Investigati	on, In my o	pinion, daat	th occurre	d at tha tima,	data and placa,	and due to	the cause(s)						
	To the Com	×	29b. Signature and title of certifier	W A		2	9c. Licans	se number	70	9	Date signe	d (Month, i	Day, Year)						
	~		Williams	Relger	· M		D.	-1612	47		XILLY	6,	1996						
	18		30. Name and address of person was to		th (Item 23a) (1	ype Print)	Ĺ	0	1 4	100 19	101-1	IND	2725						
	1		WI KIAM J. CE	gen, MD	413	1 150	Mawa	zy Ka	ad #	600 C	MOTHER	NI)	2000						
	Sta Begistr		31. Date filed (Month, Day, Year)	32 Registrar's	s Signature	nde 82		-											

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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						Ce	rtificate d	of Death			Reg. No.			
Г	Di		1. Decedant'a Nama (First, Middle, La		2			eath	Yaar	3. Time of Death				
Į	Physic /Medi		ADDIAN TITLE				D				_{Dey} 7 1996		3:59 PM	
	Exami		4e. Facility Nama (If not institution, giv			MOT OK		4b. City, To	wn, or Loc	JULY ation of Deet		y of Deeth		
			NATIONAL NAVAL	MEDICAL	CENTER			BE	ETHESI	DA	МО	NTGOM	FRV	
	Funeral		5. Social Security Number 6. S	Sex 7	. Aga (In yrs.	lest birthday)	If Undar 1 Ya	ar If Under		8. Data of Bi			plece (Stete or Foreign ntry)	
Ш	Director	п	579-12-6191	I X M 2□ F	83	Yrs.	IVIONITIS DA	ys Hours	IVIII.	July 9	, 1912		ington, DC	
	D.		Usual Residence of Decedent											
	aryla ahov	_	10e. Stete 10b. County		10c. Cit	y, Town or Lo	cation						10d. Inalde City Limits	
	Self Mark	90	Maryland Montgom	ery	E	Betheso	la						1 □ Yas 2 X No	
	1 P P P	Director	10e. Street and Number				10f. Zip Cod	a			10g. Citizen of	What Cou	ntry?	
	£23	2	5704 Old Cheste				208	17			Unit	ed St	ates	
	s 1 and 2 should be filed within 72 hours after death with the Maryland if Haelth and Martal Hyglane, them 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinationals be notified at	Funeral	11. Marital Status	12. Was Deced Armed Ford	es?		Was Decedant of If Yas, specify C	of Hispanic Ori Juban, Mexican	igin? (Spec n, Puerto R	oify Yas or No lican, atc.)		ce - Amari	can Indien, , etc.	
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8	urai'	D D	3 ☐ Widowed 4 ☐ Divorced		as: Kore							Wh	ite	
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21215-0020	within them	E	Elementery/Secondery (0-12)	College (1-4	lor 5+)			NOT use retired) Examiner				Government		
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Maryland	ould be f Mantal H marked of matic eve	Be C	Willis Raymond		d						Crocke			
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e,	of Haaith item 27 i		20e. Mathod of Disposition	TOTU/Dat		der of Diame	52nd Av	*			20c. Location			
ē	Pages nant of l any or or		1 X Burlal 2 ☐ Cremetion 3 ☐		ate	ematary, cre	matory or other	plece)July	23,	1996				
altimore,	It. P		4 Donetion 5 Other (Specif	1	Arı		Nation						/irginia	
Ba	permit. Pages Department of important: If it any injury or once.		21 Signature of Funeral Service Licer	Ja o Olavo	M008	46 CI	bert A. nașe, Îr ethesda	Pumph 1c., 75	rey F 57 Wi	unera scons	l Home/I in Avenu	Bethe Le	sda-Chevy	
	c		23a Part 1. Enter the disease, or com shock, or heart failure. List only	plications that car	sed the death	n. Do not en	ter the mode of	dying, such es	cardiec or	respiretory a	nrrest,		Approximeta Interval Between	
9	Physiclan		arrang at trader random, and array.	on our	AT 1110.							1	Onset end Deeth	
	/Medical		Immediate Cause (Finel disease or condition	Sì	MALL CI	ELL LUI	NG CANC	ER					YEARS	
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	D is	ine	_	h								i		
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Bo	ath o	lan												
	that the death ce led by the attendi datached for us	ysic	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.								23b. Did tobacco use contribute to the cau			
P.0	that the ed by data									10	Yes 2□ No	3 Pro	bably 4 Unknow	
n of Vital Rec	8 5 8	d by								240 Wos	en eutopsy	24h W	ere autopsy findings	
	The law ate has b page 2 s	Completed						_			ormed?	an Co	vallable prior to omplation of cause	
		d L											deeth?	
										10	Yes 2X No	1	☐ Yes 2☐ No	
	Physician: The this certificate ral director, pag	Be C	25. Wes case referred to medical examiner?	Hospital: 34.				Other		(Check only				
	£ 5 5	- To	1 ☐ Yes 2 ☒ No 27. Menner of Deeth	28a. Dete of		ER/Outpaties 28b. Time o	IL SEL DON	4 🗆 140			how injury occu		fy)	
	Attending ir death.	tlon	1 Netural 5 Pending 2 Accident Invastigation	(Month,	Dey Year)	Injury		28c. Injury et Work? 1 Yas 2 No			onder now injury december			
S	or Attend after death Director:	lica	3 ☐ Sulcide 6 ☐ Could not be	9	Finiury - At ho	me ferm str				28f. Location (Street and Number or Rural Route Number,			al Route Number	
	7 5 5 C	Certification:	4 ☐ Homicide determined	building	, atc. (Specify)	001, 1001017, 0111	fectory, office 28f. Location (Street and Number or Rural Ro City or Town, State)						
T	pours seral		29e. Certifier 1K Certifying Ph	vsician: To the b	ast of my know	wledge, deet	occurred at the	time dete en	d place, an	nd due to the	causa(s) and m	enner as	stated	
	Hoo 24 h Fur letely	edical	(Check only 2 Medical Examone)	iner: On the bas	s of axaminet	ion end/or in	vestigetion, in m	y opinion, deal	th occurred	d et the time,	date and plece	, and dua t	o the cause(s)	
	To the Hospital of within 24 hours at To the Funeral D completely filled I	Me	29b. Signeture end titla of certifier				29c. Lic	ense number	1	T	29d. Data signed (Month, Dey, Year)			
	->-0		DI RO.	D 01 RO.							0824	96		
,	VI		30. Neme and address of person who	completed cause	of death (Item	23a) (Tune	Print) RJ	ES-000	ATAT -	747747		10	===	
L	11		D. L. BLAZES, LT			/ (· ypa;					MEDICAL 89-5600	CENT	EK	
			21 Date filed Atouth Day Your	20 00	JAVAN Cimpa			DETUE	DUA	W_400	22-2000			

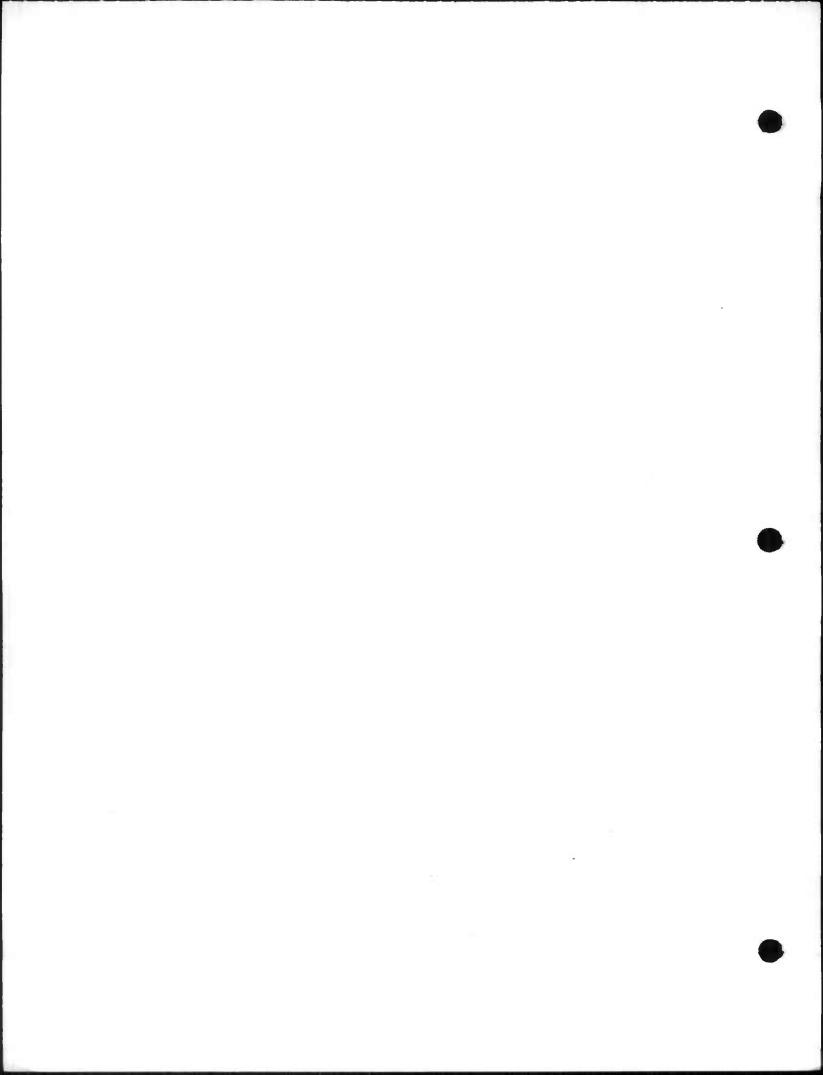
Julia Veridan Pondale

JUL 0 9 1996

DHMH 16 Rev 6/95

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH								
	James Bernar	d Lowe				July 3,		YEAR	5:30PM M			
	ACCOUNT OF STREET STREET		yrs. iest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHP Country)	LACE (State or Foreign			
	234-01-1200		7 YRS.	MONTHS DAYS	HOURS MIN.	Nov. 28,	1908	West	Virginia			
~	9e. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	R LOCATION OF DE	ATH	9c. COUNT					
FUNERAL DIRECTOR	Circle Manor Nursing Home Kensington Montgome											
3EC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.											
D	Maryland Montgomery Silver Spring								LIMITS?			
M	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT											
NEF	12317 Dewey Road			20906					states			
FU	11. MARITAL STATUS 1 □ Never Merried 2 ☒ Merried	U.S. ARMED	13. WAS DEC	or No- 1	4. RACE - Black,	- American Indian, White, etc.						
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res	1 🗌 YES	2 NO Specify	Specify:			White			
COMPLETED	15. DECEOENT'S EDUCAT (Specify only highest grade co	FION	18e. DECEOENT'S L	SUAL OCCUPATION	N .	16b. KIND OF BUS	SINESS/INDU	STRY	WIIILE			
LET		College (1-4 or 5+)	ille. Do NOT use	ork done during mo retired.)	st or working	Unite	d Sta	tes.				
MP	12		Architec	t Repre	sentativ	e Gover	nment					
္ပ	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden						
BE	Fleming Lowe 190. INFORMANT'S NAME (Type/Print)		T top MAILING	Popped (Owner		E. Lowry						
2	Emilie V. Ernest					irt, Unit I			20874			
	20e. METHOD OF DISPOSITION 1 Durial 2 Cremetton 3 Remove	206.1					CATION - CI					
	4 Donation 5 Other (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MOO831 2. NAME AND ADDRESS-OF FACILITY. FUNERAL HOME.											
	Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 20814-3501											
	23. PART i. Enter the biseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory street, abock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Finel											
	disease or condition											
	DUP TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditiona, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CAT	If any, leading to immediate cause. Enter UNDERLYING C											
Ĕ	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in death) LAST											
	PART II. Other aignificent conditione	contributing to deeth by	t not requiting in	the underlying	cause given in				VERE AUTOPSY FINDINGS			
5	Algloraei'a demoler 1 yes 2 = NO CO											
W	1											
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN ☑											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	6. PLACE OF DEATH	(Check only one)								
ΥS	1 YES 2 HO 1	Inpatient 2 ER/Outpat	tlant 3 DOA	4 Muraing Hom	5 Reeldenca							
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?											
ВУ	2 Accident Investigation 1 YES 2 NO											
COMPLETED	4 Homicide 6 Could not be datermined	building, etc. (Specif	y)			City or Town, State)		11212110				
7	290. CERTIFIER 1 CERTIFYING PHYSICIA	IN: To the best of my knowle	dge, death occurred	at the time, date	end place, and due	to the cause(s) and man	one on stated					
MO	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner ee stated.											
BE C	29b. SIGNATUR AND LITTLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year)											
	VAL KOREH	execu, M.	, D.		D098	34	1 7	1/3/	96			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) BARRY ROSENBAUM 3720 FARRAGUT AVE. KENSING TOXI, MD. 20891											
	BARKY RUSEMBAU	M 5720		GUT	WE. KL	NSING TO	KI, M	ν.	20891			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Fulia Davidson Rando 82											



State of Maryland / Department of Health and Mental Hygiene

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_						<i>Jeruncale</i>	oi Deain		Reg. No.		
	Physic /Medi		1. Decedant's Name (First, Middla, Last) RAYMONDE		L	ECHAN	POINE	2. Dete of D Month JULY	Dev	796	3. Time of Death 5:50 An
	Exami		4a. Facility Nama (If not institution, give s	treet and number)			4b. City, Towr	n, or Location of Dea	th 4c. Count	of Death	
			Mediplex of Gaith	ersburg			Gaith	nersburg	Mont	gomery	У
	Funeral		5. Social Security Number 6. Sax		n yrs. lest birth	day) If Undar 1 Y	aar if Under 24	Hrs. 8. Data of B		7	lece (Stata or Foreign try)
н	Director		085-01-4045	M 2XF	96 Yr	s. Months D	ays Hours	Min. (Month, D July 2	1900	Frai	
	v		Usuel Rasidance of Dacedent					*			
	show		10a. Stete 10b. County		c. City, Town					10	Od. inside City Limits
	Ma	to	Maryland Montgom	ery	Gaithe	rsburg					1 ☐ Yas 2 ☒ No
	h the Maryler c 28a-f show	rec	10e. Street end Number			10f. Zip Co	da		10g. Citizen of	What Coun	try?
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	death with the Maryland ms 23a or 28a-f show rmust be notified at	era	11. Maritel Stetus	2. Wes Decedant Eva	r in U,S.			n? (Specify Yes or N Puarto Rican, etc.)		ce - America	
20	or its	by Funeral Director	1 Never Married 2 Married 3 2 Widowed 4 Divorced	Armad Forcas? 1 ☐ Yes 2 ②No If Yas, Giva Yaar or Datas:			Cuban, Maxican, I No <i>Specify:</i>	Puarto Rican, etc.)	Specia	ck, Whita, a by: Wh	nite
Maryland 21215-0020	72 hours naturel',	Pa	15. Decedant's Educ		160 [ecedant's Heusi O	coupation		16b. Kind of B	uelosce/lod	huetez
5	C .	Completed	(Specify only highast grada	complated)	100. 0	ecedant's Usuai O Giva kind of work d Ha. DO NOT use n	ona during most o	f working	100. Killd Ot E	usiilass/iilu	lustry
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an	ed be be	Be	Louis Minois					Verliere			
2	s 1 and 2 should be filed with Heelth end Mentel Hygiene tem 27 ls marked other tha other traumatic event, the	To			1 24 1						
Ma	le n		19e. Intermant's Name/Ralationship (Typ					or Rural Route Num			,
	of Heelth item 27 r other tr		Violette Thouvenin					Gaithersb			
0			20a. Mathod of Disposition 1 ☐ Burial 2 ☑ Cramation 3 ☐ Re		20b. Place of L cematary,	isposition (Nama o cramatory or other	plece) Tully	Data 1996	20c. Location	- City or To	wn, State
E	C = 5		4 ☐ Donation 5 ☐ Othar (Specify)		Montgo	nery Crem	atorium,	Inc.	Bethese	la, Ma	aryland
Baltimore,	permit. Page Department of Important: If any Injury or once.		21. Signature of Funarai Sarvice Licensa.		00198	Robert A	ddrass of Facility Pumphr Montgo	ey Funera	1 Home/I	Rockvi	ille, Inc.
	_					Rockvil	le, Mary	land 208	50-2805		Amerovimate
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Division of Vital	or A Direction by	Certification:	4 ☐ Homicide datarmined	28a. Place of Injury - building, atc. (S	Specify)	, street, factory, or	ica	City or To	(Street and Num own, Stata)	oer or Hurai	r Houta Number,
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	To the Hospital or Attending Physicien: within 24 hours effer death. To the Funeral Director: Affer this certific completely filled in by the funeral director.	Medical	29a. Cartifier Check only one) Certifying Phyat	ctan: To the best of m or: On the basis of axe	mination and/	leath occurred at the or investigetion, in a	na tima, data and p my opinion, deeth	placa, and dua to the occurred at the time	a cause(s) and m , data and place,	annar as stand dua to	ated. tha cause(s)
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	5		30. Nama and addrass of person who con	plated causa ot death	(Item 23a) (T	pe, Print)	NIAN I	15 120	CATU	=nc n	1126 MA
			30. Nama and addrass of person who con KANHU HUDHU	D My	481	J. HREUT	MUKA	VE 1250	GITI 1770	1031	Ciril V - Inco

Registrar

State

31. Date tiled (Month, Day, Year)

32. Ragistrar's Signatura

JUL 0 9 1996

Lika Teinlan Barball

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State of Maryland / Department of Health and Mental Hygiene

Amended # 14, 7/11/96, MRT, Montgomery Cty. Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Deeth 3. Tima of Deeth **Physician** Month Yaar Ada Betty Lewis 4. Lora Ju₁v 1996 7:05 PM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b City Town or Location of Deeth 4c. County of Death **Examiner** 1400 Fenwick Lane, Apt #601 Silver Spring

| Funder 1 Yeer | Funder 24 Hrs. | 8. Date of Birth (Month, Day, Year) Montgomery 5. Social Security Number Birthpiaca (Stata or Foreign Country) 6. Sax 7. Aga (In yrs. lest birthday) **Funeral** 1□ M 2⊠ F Days 236-76-0987 Yrs. Director 58 Nov. 18,1937 Piedmont, WV Usuel Residence of Decedant the Meryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow traumatic event, the Medical Examiner must be notified at 1 Yas 2 No Directo Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 234 1400 Fenwick Lane, Apt. #601 20910 USA Funeral Home ? 12. Was Decedant Evar In U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - Amaricen Indien, Black, White, atc. Black permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Heelth and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or then any injury or other traumatic event, the Medical Evanimes ands. 1 ☐ Yes 2 ☒ No If Yas, Giva Yaar or Dates: 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: P 3 ☐ Widowed 4 ☑ Divorced White Completed 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry American Elamantary/Secondary (0-12) Coilaga (1-4or 5+) Psychological Assoc. Administrative Assistant 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) e Horace Mann Lewis Ada Betty Johnson 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 20896 Lina Lewis Sturges 4515 Clermont Place, P.O. Box 201, Garrett Park, MD 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☐ Cremetion 3 ☐ Ramovel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory 7/6/96 Alexandria, Virginia of Funeral Service Licensee 22. Name end Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd.W. Silver Spring, MD 20901 23e. Pert 1 E nar tha disease, or complications that causad tha death. Do not antar tha mode of dying, such as cerdiec or respiretory errest, shock or haart failure. List only one cause on each line. Physician Immediete Causa (Final disaasa or condition resulting In death) /Medical Examiner Physician/Medical Examiner physicien end the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immadiata cause. Enter Underlying Causa (Disease or Injury that initiated events rasulting in death) Last Box 68760 Dua to (or as a consequence of) 80 ettending p for use es P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by ta 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, ģ 24b. Wera autopsy findings 24a. Was an autopsy Completed available prior to complation of causa of death? performed? hes 16.2 page certificate 1 Yas 1 ☐ Yas 2 ☐ No 25. Was casa referred to medical axaminar? Be 26. Piece of Deeth (Check only ona) Hospital: 1 | Inpatiant 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To this 27. Mannar of Death 28d. Describe how Injury occurred After or Attending 1 Natural 2 Accident 5 Pending invastigation 1 ☐ Yes 2 ☐ No 6 Could not be datarmined 3 ☐ Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 \ Homicida A 24 hour. the Funeral Directory Hospital 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifiar within 24 hou To the Fune completely fi (Check only one) 29b. Signature end titla of certifian 29d. Dete signed (Month, Dey, Year) 29c. License number 30. Neme and addrass of person who complated causa of death (Itam 23a) (Type, Print) Jack P. Segal M.D. 5454 Wisconsin Avenue, Suite 925, Chevy Chase, MD 20815 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura State Registrar

DHMH 16 Ray 6/95

Amended item #5 per F.D.

Z/17/96 Carroll CO P.L.C.

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 96

Certificate of Death

Reg. No.

							ertifica	ite of	Death			Reg. No),			
	Physic	ian	1. Decedent's Nema (First, Middla,								2. Data of D Month		Y	Year		of Deeth
	/Medi		John Francis Le								July		^y 1996		5:	57AM
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4	7.28	Director	10e. Street and Number					ip Coda				10g. Cit	izan of V	Vhat Count	try?	
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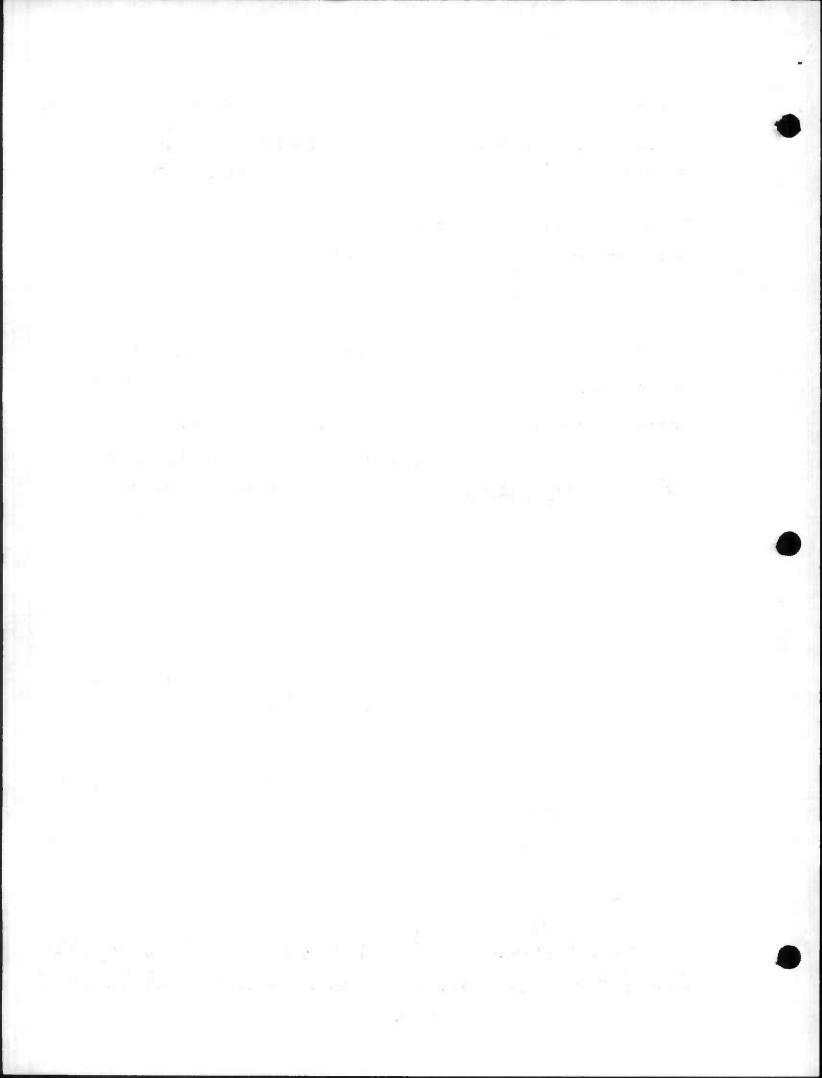
32. Registrar's Signatura

Registrar

State

31. Data filad (Month, Day, Year)

JUL 15 1996



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	23a, Part1. Enter the disease, or co shock; or heart failtire. List only	mplications that	caused the dear	th. Do not ant	ar tha mod	a of dyln	a. such as	cerdiac	sapeake or raspiratory a	rast.	MD ZIS	Approxi	mata
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5	27. Manner of Death 1 ☑Natural 5 ☐ Panding	28a. Date (Mon	of Injury oth, Day Year)	28b. Tima of Injury	2	8c. Injur Wor	y at k?		28d. Dascribe I	now Injury occ	curred		
at	2 Accidant Invastigation				М	1 🗆	Yas 2	No					
Ĕ	3 ☐ Sulcida 6 ☐ Could not 4 ☐ Homlcida datarmine	d 28a. Place	of Injury - At h	oma, farm, str	aet, factory	r, office			28f. Location (S City or Tov		m <i>ber</i> or Rur	ral Routa M	Vumber,
e	- Institute	Dulid	ing, atc. (Spacii	(y)					Ony or You	ir, Orala)			
edical Certification:	29a. Certifier Certifying P	hysician: To the	best of my kno	wiedga, daath	occurred o	et tha tin	na, data an	d place	and dua to the	causa(s) and	mannar as	stated.	
ŭ ·	(Check only 2 Medical Exa	minar: On the b	asis of axamina	ation and/or inv	astigation,	in my o	pinion, daa	th occurr	ed at tha tima,	data and plac	e, and dua t	to the ceus	se(s)
Ē	one)	and man	nar stated										
Med	one)	and man	nar statad.		200	Licene	a number			20d Data sla	ned (Manth	Day Ves	r)
		and man	nar statad.		290	. Licans	a number			29d. Data sig	ned (Month,	Day, Yea	ir)

State Registrar 30. Nama end eddress of person who completed causa of daath (Item 23a) (Type, Print)

WACHER

RICHIRD

31. Data filed (Month, Day, Year) JUL 15 1996

JOHNE

32. Ragistrar's Signatura

HOPKINS

HOSPITAL, PALTIMORE, MO

21287

FOR STATE REGISTRAR

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BALTII	death
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	Pa hours
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(687	man thad
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.O. B	Cartificate
S	death
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RECO	racitinas
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TA	2
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 2s hours after death. Pa
Z	NG
/ISIC	ATTEND
5	8
	OSPITAL

33	1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DAT	E OF DEATH	MY	YEAR	3. TIME OF DEATH
	Gloria		Marsh							[بنال			1996	8:44 A
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. la	est birthday	IF UNDER	1 YEAR	IF UNDE	M 24 HRS.		E OF BIRTH		8. BIRTH Count	IPLACE (State or Foreign
	214 24 0	7.4.3	1 🗆 M 2 🙀 F	69	YRS.	- MONTHS	DATE	Houns	anive.		. 28,	1927		ryland
	Sa. FACILITY NAME (If not in					9b. CITY	, TOWN	OR LOCAT	ION OF D	EATH		9c. COU	NTY OF D	EATH
CTOR	Alice By	d Ta	wes Nur	sing H	ome	Cr	isfi	eld,	MD			Some	rset	
E	104. STATE	10b. COUNT		-	_	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
DIRE	Maryland Maryland		Somerse	et			C	risf	ield				LIMITS?	
AL	10s. STREET AND NUMBER						10	H. ZIP COL	DE			10g. CIT	IZEN OF V	WHAT COUNTRY?
ER	4 Wynfall A	venue						2	1817				U.S	S.A.
FUNER	11. MARITAL STATUS			NT EVER IN U.S. A		13.	WAS DE	CENDENT	OF HISPA	NIC ORIG	IN? (Specify Ye	s or No-	14. RAC	E — American Indian,
ВУ Б	1 Never Married 2 3 24 Widowed 4 Div			1 YES 2 X	[NO			B 2 NO		Mexican, Puerto Rican, etc.) Specify:				k, white, atc. White
۵			1											WIIICE
ETE	(Specify on	EDENT'S EDI	le completed)	(0	Give kind of	S USUAL O work done	CCUPATI during m	ON ost of work	ing	16	b. KIND OF BU	SINESS/INC	DUSTRY	
	Grade 7	0-12)	College (1-4 or 5	(+)				- h		Nursing Home				
COMPL	17. FATHER'S NAME (First, A	fiddle, Lest)			100a	Depa.	LUITE	_	MED'S N	ME (E)	Middle, Maider	-	ome	
EC	Merrill Tvl									Eva		Sumame)		
B	19a, INFORMANT'S NAME (T _i	9b. MAILIN	G ADDRES	S (Street				nber, City or Tov	en State 7ie	Codel	
임	Christine V	. Mars	shall (Da									824	, 0000)	
	20a, METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION — City or Town, Stata												wn. Stata	
	1X Burlet 2 Cremetton 3 Removal from State 4 Donatton 6 Other (Specify) Sunnyridge, Memorial Park-7/11/96 Crisfield, MD													
	21. SIGNATURE OF THE ALL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												, , ,	
	Robert H. Bradshaw, Jr. Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD 21													
	23. PART I. Entar tha				-									1 Approximate
CERTIFICATION	deese or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuithat initiated events	diate ING Iry	OUE TO	O (OR AS A CONSE			fy	pe	ele	seu	in, S	Pene	ur vie	10 yr
ᇤ	resulting in death) LAS	T	d											
	PART II. Other significa	ent conditio	ns contributing to	o death but not	resulting	In the ur	derlyin	g cause	given in	Part i.	24e, WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDIR
MEDICAL	Depr	i·x	Infa	mul	200	non	te	à.1			PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
AN	25. WAS CASE DEFERRED T	D MEDICAL	umme	mua o	70	ur	me	LACE OF	Lel	and.	>			
PHYSICIAN:	EXAMINER? 1 □ YES 2 M NO		HOSPITAL:	C ERIOLANIA I		OTHE	₹:							
¥	27. MANNER OF DEATH		28a. DATE O	☐ ER/Outpatient :	28b. Til	_		JURY AT	esidence	_	er (Specify)	N HIPV OO	CHREO	
ВУ РІ	and .	Pending Investigation	(Month,	Day, Year)	JIN.	JURY	1 🗆	YES 2	□ NO	200.00	SCHIBE HOW	NJUNY OCI	CORED	
ETED	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — At h. i, atc. (Specify)	ome, farm,	street, fact	ory, offic	04			CATION (Street or Town, State)		or Rurat F	Route Number,
MPLE			SICIAN: To the best o											
CON	one) 2 MED	ICAL EXAMIN	ER: On the basis of	examination and/or	Investigati	on, in my o	pinion, d	death occu	red at the	time, dat	a and place, ar	nd due to th	e cause(a) and manner as state
w I	29b. SIGNATURE AND TITLE	OF CERTIFIE	R /	DO	7	00	7	29c. LIC	ENSE NU	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
9 2	Ruger	w	M. 1	Selle	L	Mi	>	D	29	50	5	1	7 -	9-96
/	30. NAME AND ADDRESS O													
	GREGORIO	M.E	BELLOSC	D. M.D.	530	2 CH	INA	BER	RY	DRIV	IE, SA	LISBL	LRY	MD 2182
	31. DATE FILED (Month, Day,	Ybar)	996 Jali	AR'S SIGNATURE	Rus	ıı								
		11 1	AND HER	C COMPANDED	27	-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing a hours after death. Page 6 may be retained by the hospital or attending physician.

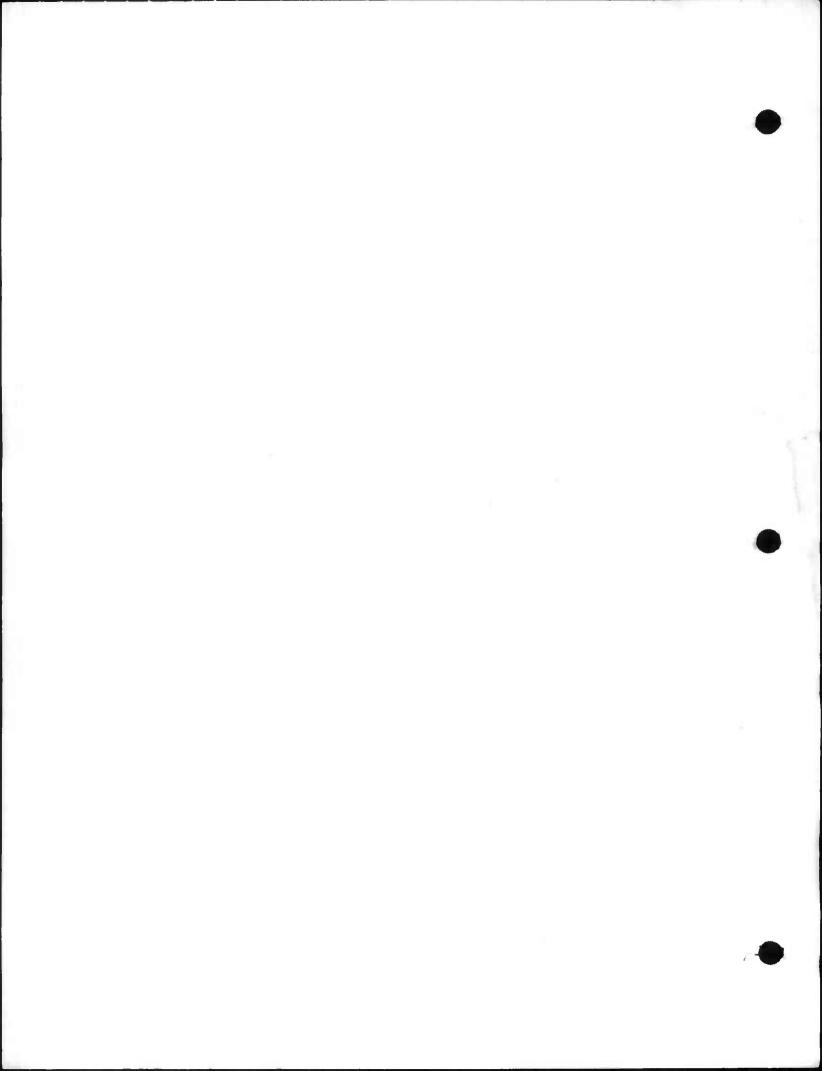
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memail Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	1120011011				IOAIL	01	DLA		HEG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
	RAYMOND	ANDREW		MC	PHERS	ON					YEAR	4.30 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER		IF UNDER	24 HRS.	7 DATE OF BIDTH		96	4:30 PM	
	320-03-2044	1X M 2 F	86	YRS.	MONTHS	DAYS	NOURs	MIN.	MAR. 15,1	910	Country	ABAMA	
	9a. FACILITY NAME (If not institution, give st	**	- 00							_			
~					9b. CITY,			ON OF DE	ATH	9c. COU	INTY OF DE		
Ö	WILLIAM HILL M	ANOR HE	ALTH (CARE		EA	STON	I			TALE	BOT	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			T									
E		LBOAT		10c. CIT	Y, TOWN O	EAS'						10d. INSIDE CITY LIMITS?	
		DDOAT				יכחני.	LON					1X YES 2 NO	
¥	10e. STREET AND NUMBER					101	ZIP CODE		10g. CITIZEN OF WHAT CO			HAT COUNTRY?	
FUNERAL	501 DUTCHMAN'	S LANE,	APT.								USA		
5	11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S.	RMED	13. V	AS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Specify Yee	or No-	14. BACE	- American Indien,	
	1 Never Merried 2 Merried	FORCES? 1	YES 2 DATES	(NO	11	yee, sp	clfy Cube	n, Mexicen Specify:	, Puerto Ricen, atc.)		Black,	White, etc.	
B√	3 Widowed 4 Divorced				Η.	_ 1ca	24 <u>5</u> NO	Specify.			Specify	WHITE	
입	15. DECEDENT'S EDUC	ATION	16a. C	16a. DECEDENT'S USUAL OCCUPATION 16b. KIN						SINESS/INI	DUSTRY		
	(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5 +		(Give kind of work done during most of working life. Do NOT use retired.)									
4	12	College (1-4 or 5 +		מווכית ד	ONE	ONEER REAL ESTA'							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)										ALL		
		W~DHEDC	ONT.	16. MOTHER'S NAME (First, Middle, Malden Surna									
B		McPHERS		LAVINIA MEYERS									
2	19e. INFORMANT'S NAME (Type/Print)			19b. MAJLINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	HELEN M. MCPHE	RSON		501 E	UTCI	IMA	N'S	LAN:	E, APT.	202,	EAS	STON, MD	
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 [X]Cremation 3 ☐ Remo	OF DISPOSI				DATE 20c. LO	CATION -	City or Tow	rn, State				
- 1	4 Donation 5 Other (Specify)	RY	Y 7-12 CHESTER, MD										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			FELLOWS, HELFENBEIN & NEWNAM FUNE								
	B Koth	- DP	. 0	E-73	11	الليلة	JWS,	HE.	PLENBEIN	& 1	EWNA	M FUNERAL	
- 1	· 10. / Lette	il while	my	dF					ISON ST.			I, MD	
	23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. Liet only one cause on each line. Approximate Interval Batween												
	IMMEDIATE CAUSE (Final												
- 1	disease or condition												
	resulting in death)												
_		ander	in Ora	1. 1	7 1	Du	201.0		Mr. war 1	1/4	_	6100	
Ó	Sequentially list conditions, b	DUE TO	OR AS A CONSI	FOLIENCE OF	Hent Mesenewich the view CIAF							1000	
A	if any, leading to immediate cause. Enter UNDERLYING	-			7.								
윤	CAUSE (Disease or injury	DUE TO	OR AS A CONSI	EQUENCE OF	D								
Ē	that initiated events resulting in death) LAST	332 13 (OII AS A CONS	LOOLINGE OF	<i>y.</i>							i I	
CERTIFICATION	d												
	PART II. Other algnificant conditions	contributing to	death but not	resulting i	n the und	leriving	ceuee o	lven in F	Part I. 24e. WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS	
EDICAL	Construe RM	malla.	200	- 60		,		,	PERFOR			AVAILABLE PRIOR TO	
	000000	· car							1 YES 2	□ NO		OF DEATH?	
Σ	COVI)								_ /			1 YES 2 NO	
ÿ I	DID TOBACCO USE CONTR	IBUTE TO CAI				_	UNC	ERTAIN	回				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITA	26. PLA	CE OF DEAT									
Š		HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 DOA	OTHER:		5 🗆 Re	eldenca A	Other (Specify)				
到	27. MANNER OF DEATH	28e. DATE OF	NJURY	28b. TIM	E OF	28c. INJL	JRY AT		28d. DESCRIBE HOW IN	JURY OC	CURED		
_	1 Netural 5 Pending	(Month, Da	y, 10ar)	INJ	URY M	WOI		NO					
B	2 Devlates	iome, ferm, a	treet, fector				281. LOCATION (Street e	ad Mumbus	or Russi Do	urba Alcembas			
	4 Homicide 8 Could not be determined			,,			City or Town, State)	TO PROPERTY	Or Moral Mo	ote Number,			
<u>-</u> Π	29e, CERTIFIER												
를	(Check only								o the ceuse(a) and man				
COMPLETED	079) 2 MEDICAL EXAMINER	On the basis of ex	emination end/or	Investigation	n, in my op	inlon, de	ath occur	ed at the ti	ime, date end place, end	due to th	ne cause(s)	and manner ee stated.	
S I	290. SIGNATURE AND JUTLE OF CERTIFIER	. / /	1	10	_		29c. LICE	NSE NUME	BER I	294 DAT	E SIGNED /	Month One Wast	
∞	11 d lum	Herlow	LL	. 1	11)			00	715	DAI	4/11	Morth, Dey, Year)	
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEDIONIS	E DE DE PER	EM 27 /7 -	Delat's		0/	1 0	117		1111	76	
1	William X	Woo	707	en en (1906.	Print)	Idl	66/11	11/	Ave. F	ACF	146	Md 21601	
i	31. DATE FILED (Month, Day, Year)	32. REDSTRAF	S SIGNATURE	ا ريز		, ,	/	4			1	110-1001	
JUL 1 2 1996 Julia Davidson-Randese													



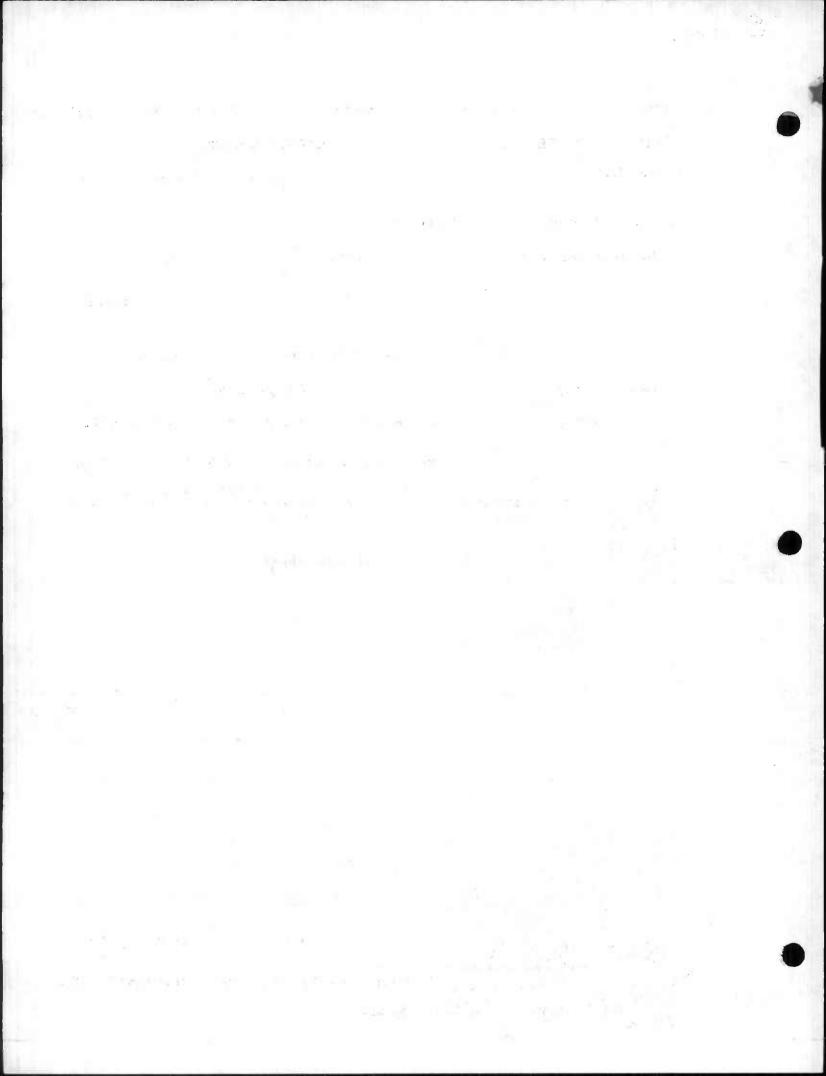
State of Maryland / Department of Health and Mental Hygiene 96 2 | 939

Physici				Certi	ificate of	Death		Reg. No.		
Physici		1. Decedent'e Neme (First, Middle, L.	ast)				2. Dete of D Month		Vest	3. Time of Deeth
/Medic		William	John	1	McS	hea	LIV	Dey	996	0816
Examin		4e. Facility Neme (If not Institution, gi	ive street and number)				or Location of Dea			
- Adding		Suburban Hospit	a1			Betheso	la	Mont	gomer	77
Funeral				o. lost birtinday/	If Under 1 Year	If Under 24 I	Hrs. 8 Date of B	irth		ace (Stete or Foreigny)
Director		059-32-1170	1⊠M 2□F 57	Yrs.	Months Deys	Hours N	Nov. 2	9, 1938		y) York
		Usuel Residence of Decedent	- 51				1.000	, 1,550	NCW	TOTA
within 72 nouts are reem with the maryland the "natural", or items 23s or 28s-f show the Medical Examiner must be notified at		10a. Stete 10b. County	10c. 0	City, Town or Local	ition				10	d. Inside City Limit
	ō	Manual and Mantaon	Ca	ithersbu	ro					1 ☐ Yes 2 N
28	Director	Maryland Montgon 10e. Street and Number	iely Ga		10f. Zip Code			10g. Citizen of	What Count	nv?
"natural", or fleme 23a or 28a-1 show				1				rog. Onizon or	mat Count	. , ,
23	rai	19200 Dunbridge		1	20879			United		
E .	Funeral	11. Maritel Stetus	12. Was Decedent Ever in Armed Forces?		is Decedent of F es, specify Cub	ilispanic Origin'i an, Mexican, Pi	? (Specify Yes or Nuerto Rican, etc.)		ca - America ck, White, e	
o L		1 Never Merried 2 Merried	1 XYes 2 No	_ 10	Yes 21XNo	Specify:		Specify	v:	
4	d by	3 Widowed 4 Divorced	Yeer or Detes: 197	2				0,500)	whit	e
iene. than "natur tra Medical	Completed	15. Decedent's E (Specify only highest gr	Education rade completed)	16a. Deceden	nt's Usual Occup nd of work done	petion during most of	workina	16b. Kind of B	usiness/Ind	ustry
than the Me	ğ	Elementery/Secondery (0-12)	College (1-4or 5+)	life. DO	NOT use retire	d)				
	5		4	Compu	uter Tec	chnicia	n	I.B.M.		
d other event, to	Be	17. Fether's Name (First, Middle, Las	t)			18. Mother's	Neme (First, Middle	e, Maiden Surnen	7e)	
200	TOE	Frank McShea				Cecil	ia McGa	rrin		
th end Mentel 7 is marked of traumatic eve		19e. informent's Neme/Reletionship	(Type, Print)	19b. Meiling	Address (Street		Rural Route Numi		Stete. Zio	Code)
0 0 0		Patricia M. McSh					, Gaither			
Health tem 27 other tr		20e. Method of Disposition		Place of Dispositi		ige way	Date	20c. Location		
ment of Health lant: If Item 27 Jury or other tr		1 ☑ Buriel ☐ Cremation 3 [☐Removal from State	cemetery, creme	tory or other ple			EGG. EGGRIGIT	011,01	in, Ciaio
mer. Lant:		4 Donetion 5 Other (Special	ity) Ga	te of He				Silver		g, MD
Department of Important: If It any Injury or once.		21. Signetude of Funeral Service Lice	ensee				DeVol Fu	neral Ho	me	
205 2 2		7 /	4.		East De	er Park	Drive			
		23a. Part1. Enter the diserted, or conshoot, or heart fails a List only	nplications that caused the de	eth. Do not enter	the mode of dyi	ng, such as car	diac or respiratory	arrest,		Approximete
huoioian		shock or heart fails at List only	y offe ceuse on each line.							Interval Between Onset end Deeth
hysician /Medical		Immediete Cause (Finel		10	1 - 4-					1
xaminer		diseese or condition resulting in death)	a	USCU	[]1].	2				0475
	<u></u>		Due to	(or as a conseque	ence of):					
sit	Examiner		b							
physician end s the buriel-transit	xar	Sequentielly list conditions, if any, leading to immediate	Due to	(or es e conseque	ence of):				į	
cian		Cause. Enter Underlying Ceuse (Disease or Injury	C						į	
the	edicai	thet initieted events resulting In death) Last	Due to	(or as e conseque	inca of):				į	
attending physician end for use as the burlei-transit	Me		a d						į	
e attend			0							
# ÷	Physician	Part II. Other significant conditions	contributing to death but not re	suiting in the unde	eriying cause gi	ven in Part I.	23b. Dic	tobacco use co	ntribute to	the cause of deat
9 8	호						10	Yes 2010	3 Prob	ably 4 Unkno
che che										
ed by the detacher										
gned by the be detached	by						24a. We	s an autopsy		
been signed by the should be detached	by						24a. We per	s an autopsy formed?	ave	ilable prior to
has been signed by the ge 2 should be detached	by						24a. We	formed?	eve con of c	itable prior to appletion of cause leeth?
ate has been signed by the pege 2 should be detached							per	s an autopsy formed?	eve con of c	ilable prior to
ate has been signed by the pege 2 should be detached	Be Completed by	25. Wes case referred to medical exeminer?	N. C. C. C. C. C. C. C. C. C. C. C. C. C.				per	Yes 2 No	eve con of c	itable prior to appletion of cause leeth?
s certificate has been signed by the director, pege 2 should be detached	e Completed by	25. Wes case referred to medical exeminer? 1 Yes 2 No	Hospitel: 1 Inpatient 2	□ ER/Outpetient	3 DOA	Jer.	per	Yes 2 No	ave con of c	ilable prior to appletion of cause eeth?
r this certificate has been signed by the ral director, pege 2 should be detached	To Be Completed by	exeminer? 1 Yes 2 No 27. Menny of Death	28a. Dete of Injury	28b. Time of	28c. Inju	ner: 4□ Nursir	peri 1 □ Deeth (Check only ig Home 5 □ Res	Yes 2 No	ave con of o	ilable prior to appletion of cause eeth?
n. After this certificate has been signed by the funeral director, pege 2 should be detacher	To Be Completed by	exeminer? 1 Yes 2 No	28a. Dete of Injury (Month, Dey Year)		28c. Inju Wo	ner: 4□ Nursir	peri 1 □ Deeth (Check only ig Home 5 □ Res	Yes 2 No	ave con of o	ilable prior to appletion of cause eeth?
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n. Affer this certificate has been signed by the funeral director, pege 2 should be detacher	Certification: To Be Completed by	exeminer? 1 Yes 2 No 27. Mennyr of Death 1 Naturel 2 Accident 3 Suicide 4 Homicide 5 Pending investigetic 6 Could not idetermined	28a. Dete of Injury (Month, Dey Year) 28a. Plece of Injury - At building, etc. (Special Control of the Control	28b. Time of Injury home, ferm, street bify)	28c. Inju Wo M 1	ner: 4 □ Nursir ry et rk? Yes 2 □ No	Deeth (Check only ig Home 5 □ Res 28d. Describe 28f. Location City or To	I Yes 2 No one) sidence 6 Oth how injury occur (Street end Numb	ave con of c	Ilable prior to note to note that the prior to note the prior to note that the prior to note that the prior to note that the prior to note that the prior to note that the prior to note that the prior to note that the prior to note that the prior to note that the prior to note that the prior to note that the prior to note that the prior to note that the prior to note the prior to n
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State of Maryland / Department of Health and Mental Hygiene 96 21940

					C	Certificat	e of	Death		Reg. No.	20	L1270
		Д.	1. Decedent's Name (First, Middle,	Last)					2. Dete of D	eeth		3. Time of Deeth
	Physic		FREDRICK	MILTON		Mo	CO	v	JULY	Dey	Yeer 996	9:58 AM
	/Medi Exami		4e. Fecility Neme (If not institution, g			MC	CO		or Location of Dee		nty of Deeth	9:38 AM
7	EXAIIII	iei										
-		-	9116 GLENRII 5. Social Security Number 6		yrs. lest birtho	(av) If Under	1 Yea		SPRINC		gomery	
М	Funeral Director		215-48-9129	12XM 2□ F		Months	Deys		in. (Month, D	ey, Yeer)	Coun	plece (State or Foreign htry)
	Director		Usual Residence of Decedent		47 Yrs				Sept.	24,1948	Mary	land
	and *		10a. Stete 10b. County	10c	City, Town o	r Location					1	Od. Inside City Limits
	sh sh	5			7.0							1 ▼ Yes 2 □ No
	Ba-I	oct	Maryland Montg	omery	Silver	Spring						
	E 9 8	Director	10e. Street end Number			10f. Zip	Code			10g. Citizen	of Whet Coun	itry?
	23g	ā	9116 Glenridge	Road		20	910)		USA		
	filed within 72 hours efter death with the Maryland Hyglene. ther than "netural", or flems 23a or 28a-f show ont, the Medical Examination must be notified	Funeral	11. Marital Status	12. Was Decedent Ever i Armed Forces?	n U,S.	13. Was Deced	dent of	Hispenic Origin?	(Specify Yes or Nerto Rican, etc.)	0- 14. F	Raca - Americ Black, White,	
0	or h	F	1 X Never Married 2 ☐ Married			1 ☐ Yes			,			
000	ral',	l by	3 ☐ Widowed 4 ☐ Divorced	Year or Detes:		1 1 1 1 1 1	E [] 140	opacity.		Spe	cify: Whi	te
21215-0020	72 h	Completed	15. Decedent's (Specify only highest of	Education	16e. De	ecedent's Usue	Occu	petion	un delan	16b. Kind of	Business/Inc	dustry
21	hin a	ple	Elementary/Secondary (0-12)	College (1-4or 5+)	- lit	e. DO NOT us	e retire	during most of the diviner of the di	vorking			
2	d with glene. rr than	ПО	,	4	C	omputer	Pr	ogramme	r	Comp	uter	
ğ	I Hygi other	Bec	17. Fether's Neme (First, Middle, Las	st)					leme (First, Middle			
ā	Mentel Mentel arked o	ToE	Wilbur M. McCo	V				Bern	ys Adee			
Maryland	2 should end Mer is marke sumatic	-	19e. Informent's Name/Relationship	<u> </u>	19b. M	lailing Address	(Stree		Rural Route Numb	ner City or Toy	vn Stete Zin	Code)
Ž	0 0 0 0		Wilbur M. McCo						Miltonval	-		
Ú	of Health Item 27 I		20e. Method of Disposition			sposition (Ner		ivenue, i	Dete		n - City or To	
altimore,	Pages nent of int: If ite		1 ☑ Burial 2 ☐ Cremation 3		cemetery,	cremetory or o	ther ple					
=======================================	permit. Pages Department of Important: If I any Injury or once.		4 ☐ Donetion 5 ☐ Other (Spec		Fort 1	Lincoln	Ce	metery	7/12/96	Brent	wood, N	1aryland
Bai	permit. P Departme Importan any Injur		21. Signeture of Funerel Service Lic	ansee	,			ess of Facility	s Funeral	**	~	
	Physician		1 5		MD 20001							
			23a. Part Criter the disease, or co shock, or heert feilure. List on	mplications that caused the	oth. Do not	enter the mod	e of dy	ing, such es card	vd.W. Silliac or respiretory	errest,	r Till 8	MD 20901 Approximete
8		6.4	Shock, of neert fellure. List on	y one ceuse on eech line.	3							Intervel Between Onset end Deeth
j	/Medical		Immediate Ceuse (Finel		,							
	Examiner		diseese or condition resulting in deeth)	e. Sub	aracho	id H	rm	morrha	e			
		<u>-</u>		Due to	o (or es e con	sequence of):						
	pe isit	edical Examiner		b. —								
	end Ftrer	xan	Sequentially list conditions, if any leading to immediate	Due to	o (or es e con	sequence of):						
Ď.	cian cian curie	E	Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury	C								
68/60,	ertificate be executed ling physician end se es the buriel-trensit	alc:	thet initieted events resulting In deeth) Lest	Due to	o (or es e con	sequence of):						
×	ing p	Me										
o n	5 5 5			I d							· ·	
	v requires thet the death been signed by the atter should be detached for u	Physician	Pert il. Other significant condittone	contributing to death but not	resulting in th	e underlying ca	ause gi	ven In Pert I.	23b. Did	tobecco use	contribute to	the cause of deeth?
5	t the	h,										bably 458Unknown
S,	o the	by F							-		, •	way vestimatori
Ö	requires that seen signed be hould be deta								24e. Wes	en eutopsy	24b. W6	ere autopsy findings
Hecord	peed	Completed								ormed?	eve	eileble prior to impletion of cause
ě	2 8 8	du									of c	deeth?
	E age	ပ္ပို							1128	Yes 2□No	12	Yes 2□ No
NIT SI	ysician: The	Be	25. Was case referred to medical					26. Place of D	eeth (Check only	one)		
		0	exe <i>m</i> iner? 1፟ Yes 2 □ No	Hospitel: 1 Inpatient 2	ER/Outpa	tient 3 DO	A Ot	her: 4 Nursing	Home 5 KRes	Idence 6 □C	ther (Specifi	v)
0	a Physical dispersion of the second dispersion		27. Menner of Death	28e. Date of Injury (Month, Dey Year	28b. Time		8c. Inju		28d. Describe			/
ō	ith. After s funer	읉	1 ⊠Natural 5 ☐ Pending 2 ☐ Accident Investigation) Injur	M M		rk?]Yes 2∐No				
IVISION	al or Attending P s after death. Il Director: After t od in by the funer	Certification:	3 ☐ Suicide 6 ☐ Could not	be on Blace of telling	t home, farm.	street fectory	office		28f. Location	Street end Nu	mber or Rura	/ Route Number,
5	after Dire	eri	4 Homicide	building, etc. (Spe	ecify)	on con, realery	, 011100		City or To	wn, Stete)		Troute training,
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral		29a. Certifier 1□ Certifying P	Manadalan Washa basa 6	1-3 4							
	Hos Pun teky	edicai	(Check only 2 Medical Exa	hystolan: To the best of my laminer: On the basis of exam	knowledge, de Inetion and/or	eath occurred of Investigation,	in my	me, date and ple opinion, death oc	ca, end due to the curred at the time,	dete end plac	menner as sta e, and due to	ated. the cause(s)
	the hin	Me	one) A	end menner steted.		T 00						
	5 1 × 5 0		29b. Signeture end title of cartifler	1 1/ 00		290		se number		29d. Date sig		
	,		mounte 11	w youll			0.	C.M.E.		OULY	08,	1990
			30. Name and address of person who	completed cause of deeth (I	tem 23a) (Tyr	oe, Print)						
	h		MARIDAM A.L	conor un			tre	eet, Ba	ltimore	, Mar	yland	21201
	Sta	ie.	31. Dete filed (Month, Day, Year)	32. Registrar's Sid	nature .							
	Registr		JUL 10	1996 Julian	avidson-	gandelle						
				,		4						



State of Maryland / Department of Health and Mental Hygiene 9 6

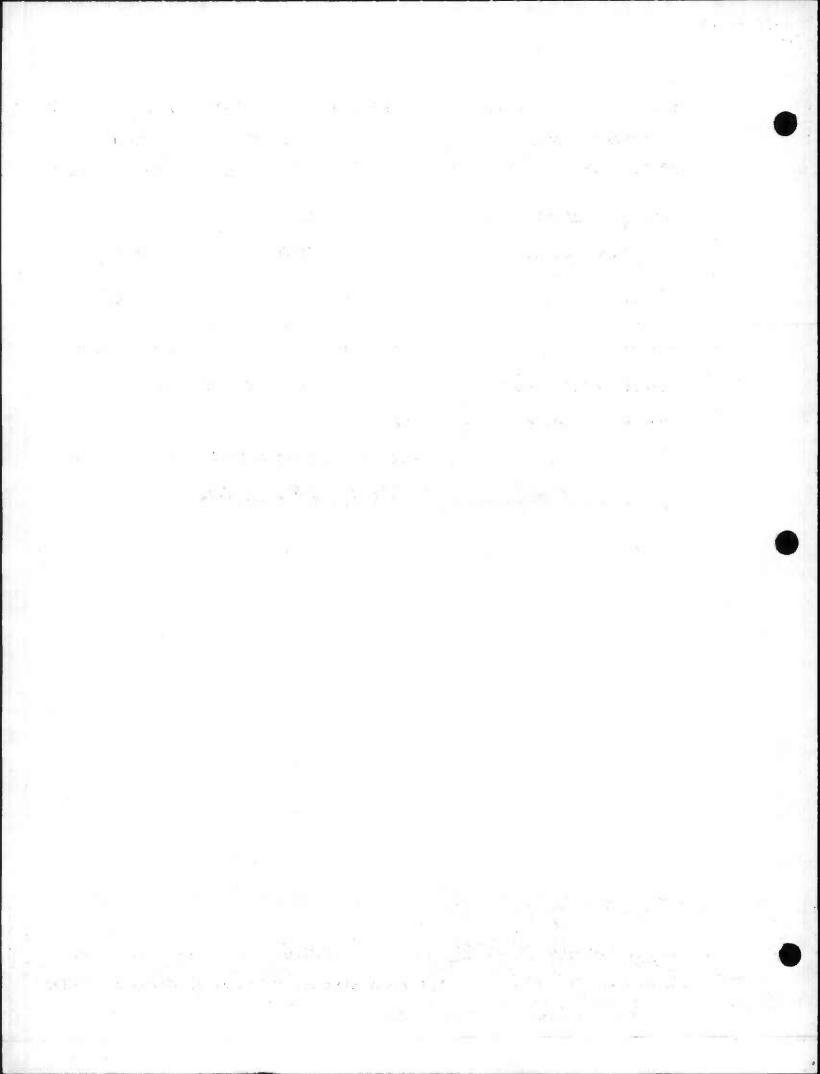
21911

						Certificate of	Death	F	Reg. No.	2 2 1 2 4 1
	Physic	ian	1. Decedent's Name (First, Middle, Las	1)				2. Dete of Dee	oth Dey Ye	3. Tima of Deeth
	/Medi		WENDY	MARIE		MILLER		JUNE	30, 1998	03:30 P
	Exami	ner	4a. Fecility Neme (If not institution, give DRIFTWOOD BEAC				4b. City, Town, or LUS		4c. County of C	
	Funeral Director		5. Social Security Number 220-21-9333 6. Se	7. Age (I	n yrs. lest birth	day) If Under 1 Yaar Months Days		8. Date of Birth (Month, Dey JULY 2		Birthplace (State or Foralgn Country) MARYLAND
1	DU *		Usual Residence of Decedent 10a. State 10b. County	10	0c. City, Town	or Location				104 1-14 01-14-1
A Appropriate	Ba-f sho	ctor	MARYLAND CALV		ou. ony, 10 mi		JSBY			10d. Inside City Limits 1 ☐ Yes 2 🗓 No
40, 44	23a or 26	rai Director	10e. Street end Number 481 SADDLE COU	RT		10f. Zip Code	20657		10g. Citizen of What	
5-0020	ous eller ceaun with the Marylan ral', or Nems 23a or 28a-f show Examiner must be notified at	by Funeral	11. Maritel Status 1 ☑ Nevar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Eve Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Yeer or Detes:	er in U,S.	13. Wes Decedent of If Yes, specify Cub 1 ☐ Yes 2 ☐ No	oan, Mexican, Puerl	pecify Yes or No- o Rican, etc.)	Black, V	American Indien, White, atc.
d 21215-0020	Hygiene. ther then "netural", out, the Medical Exp	Completed	15. Decedent's Edd (Specify only highest gred Elementary/Secondery (0-12) 7th	cation le com <i>pleted)</i> College (1-4or 5+)	(Decadent's Usual Occu Give kind of work done life. DO NOT use retire STUDENt	during most of wor	rking	16b. Kind of Busine	SCHOOL
ਹ ਵੈ	da da	To Be Co	17. Father's Nama (First, Middle, Last) CLAUDE DAVID M	ILLER				ne (First, Middle, AH ANN	Maiden Sumeme) MILLER	
Man,	t 7 th		19a. Informent's Name/Relationship (7)			Mailing Address (Stree		ıral Route Numbe	r, City or Town, Stel	te, Zip Code)
			20a. Method of Disposition 1	Removel from State	cemetery,	Disposition (Name of cremetory or other place RN MEM.GA		Dete	20c. Location - City	or Town, State
Balti	Depertment of Important: If it any injury or once.		21. Signatura of Fuperal Service Licens		0	22. Name end Addre RAYMOND DUNKIRK	ess of Facility FUNERAL	HOME		
	hysician /Medical xaminer		23a. Part 1. Enter the disease, or compishock, or heert failure. List only of Immediate Ceuse (Final disease or condition resulting in deeth)	. Multipl	e Du	nsequence of):		1	est,	Approximate fritervel Between Onset end Deeth
ox 68760,	g physician end as the burial-transit	Medical Examiner	Sequentielly list conditions, if eny, leeding to immediata cause. Enter Undarlying Ceuse (Disease or injury that initiated events rasulting in death) Lest	3		nsequence of):			1-01	
ထို့်		Physician/N	Dot fl. Other elemificant conditions as							
F, P.O.	ned by the etter	by Phys	Pert fl. Other eignificent conditions con	unbuting to death but hi	ot resulting in t	ne underlying cause gr	ven in Pert I.	236. Did to		ute to the ceuee of deeth? Probably 4 Unknown
I Records, P.O The law requires thet the	hes been signe ge 2 should be	Completed b						24e. Was e		b. Were eutopsy findings aveilable prior to completion of cause of deeth?
ital F		Be Col	25. Wes case referred to medical				26. Plece of Dea	th (Check only or	as 2 No	1 Yes 2□ No
of Vita Physician:	this ceral direc	To	exeminer? 1 TyYas 2 No	lospitel: 1 🗆 Inpatient	2□ ER/Outp	atianf 3 DOA	hor:		enca 6 DÖther (S	Specify) SCENE
Division of Vital	within 24 hours efter deeth. To the Funeral Director: After this certific completely filled in by the funeral director,	Certification:	27. Manner of Deeth 1 Naturel Cocident 3 Suicide 2 Could not be	28e. Dete of Injury (Month, Dey Ye) (-30-9)	1 11-	iry Wo	ry ef rk? Yas ax No		buned bu and san	A
DIVI	within 24 hours efter d To the Funeral Direct completely filled in by		4 ☐ Homicide determined	building, etc. (S	LDC	of BAY		Dr. Studio	2 Beach	Rurel Route Number, 20657
e Hosp	n 24 ho	edicai	29a. Certifier 1 ☐ Certifying Physical Chack and 2 ☐ XMedical Examination	fcien: To the best of more: On the basis of exe end manner stated.	y knowledge, o minetion end/o	leeth occurred et the til or Investigetion, In my o	me, dete and pleca opinion, death occur	, end due to the cared et the time, d	ause(s) end menne ate and piece, end	es stated. due to the cause(s)
Toth	To th comp	×	29b. Signature end title of certifier	releni	1)	29c. Licens	c.M.E.		9d. Date signed (Mi	
	2		JUANON LOCKE,	mpleted cause of deeth						

State Registrar 31. Dete filed (Month, Dey, Yeer)

JUL 1 0 1996

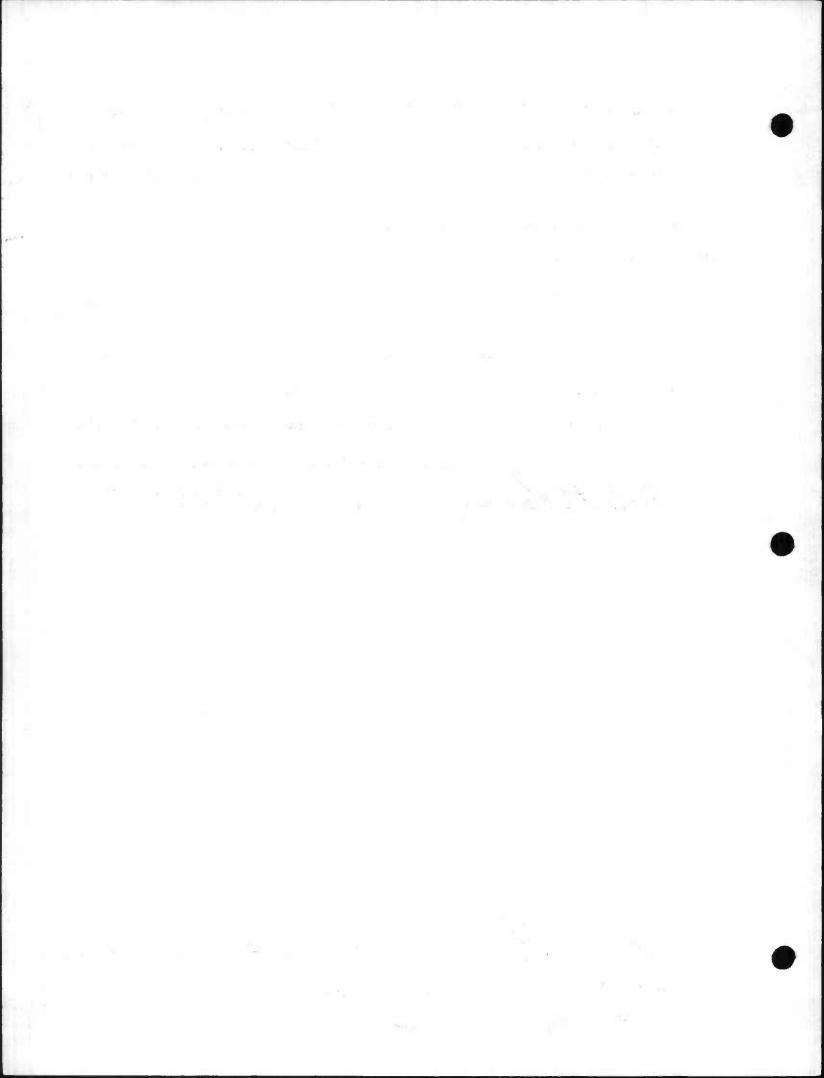
32. Begistrer's Signeture



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 96 21942

				State of Ma	aryland		tificate of		i wentai ny	Reg. No.	0 2	1942
	Ohosia		1. Decedent's Name (First, Middle, Le		1			1	2. Dete of D Month		Yaar	3. Time of Death
6	Physici /Medi		Marvin	Everet	+	M	unde	.	3014		996	6:40 A
	Examir		4a. Facility Neme (If not Institution, gi	va street and number)				4b. City, Town, o	or Location of Dea	th 4c. County	of Death	
			Holy Cross Hosp					Silver			gomer	-
	Funeral			Sax 7. Age 1⊠M 2□F	e (In yrs. lest	birthday) _ Yrs.	If Under 1 Year Months Deys	If Under 24 H Hours Mi	in. (Month, D	irth ley, Yeer)		aca (Stata or Foreign ry)
	Director		139-16-6094 Usuel Residence of Decedent	-	80	113.			April	20,1916	New	York
	land w		10a. Stata 10b. County		10c. City, T	own or Loc	ation				10	d. Inside City Limits
	Mary Fed sh	ō	Maryland Montg	Omory	C + 1	770 m C	pring					1 ☐ Yes 2 ☑ No
	r 28a	Director	10e. Street and Number	omer y	211	AET D	10f. Zip Coda			10g. Citizen of V	Vhat Count	ry?
	3a o		821 Loxford Ter	race			20901			USA		
	death	Funeral	11. Meritel Stetus	12. Wes Decedent	Ever in U,S.	13. W			(Specify Yas or Narto Rican, etc.)		a - America	
21215-0020	a within 72 hours after death with the Maryland ilene. I than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at	by	1 ☐ Naver Married 2 【X Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forcas? 1 ☐ Yes 2 ☒ N If Yas, Giva Year or Detes:	lo		Yes, specify Cubi		arto Rican, etc.)	Specify	k, Whita, e	
9	2 hor	ted	15. Decedent's E	ducation	1	6a. Deced	ent's Usuei Occup	pation	6521955	16b. Kind of Bu	usiness/Indu	ustry
218	c • 4	Completed	(Specify only highest gr Elementery/Secondery (0-12)	ade com <i>pleted)</i> College (1-4or 5	+)	lite. D	ind of work done O NOT use retire	during most of w d)	vorking			
2	filed within Hyglene. other than ent, the Men	-OC		5+		Indus	trial/En	gineer		Consu	lting	
pu	be filed tral Hygle d other event, II	Be	17. Fether's Neme (First, Middle, Las.	")				18. Mother's N	leme (First, Middle	e, Maiden Surnam	10)	
yla		2	Maxwell Mundel		-	_		Aimee	Baer			
Maryland	S DEE		19a, Informant's Neme/Reletionship	(Type, Print)						ber, City or Town,		Code)
			Takako Mundel					errace,		Spring,		0901
altimore,	Pagas 1 ar ment of Haa ant: If Item 2 ury or other		20e. Method of Disposition 1 ☐ Buriai 2 ☐ Cremation 3 [Removal from Stete	20b. Piece	etery, crem	ition (Neme of etory or other ple	ce)	Dete	20c. Location -	City or Tow	m, State
Ë	men tant: jury		4 ☐ Donation 5 ☐ Other (Special		Metr	opol:	tan Cre	natory	7/12/96	Alexand	ria, V	Virginia
Bal	permit. Pagas Department of Important: If It any Injury or once.		21. Signature of Funeral Service Lice	Kamse	1	Fr		Collin		1 Home, lver Spr		MD 20001
	_		23e. Pert1. Entar the diseese, or con shock, or heert feilura. List only	1 000	the death. I	Do not ente	r the mode of dyir	ng, such as card	lac or raspiratory	arrest,		Approximeta
	Physician		arook, or neer tellura. List only	One cease on eech iii								Intarval Between Onset and Death
4	/Medical		Immediate Cause (Finel diseese or condition	Can	OPS	tive	He	act	FAIL	URE		
п	Examiner		resulting in death)	. Con	Due to (or es	a consequ	ience of):	α				
	D #	Examiner		b. Cor				ery	-	2458	į	
	ficata be executed physician and s the burial-transit	Kam	Sequentially list conditions,	D	Due to (or es	a consequ		1			I	
60,	cian burial		Sequentially list conditions, if any, leading to immadieta cause. Enter Underlying Ceuse (Disaese or Injury	C							ļ	
68760,	cata chysi the	edicai	that initieted events rasulting in death) Lest		Due to (or es	e consaqu	enca of):					
			L	d							Í	
Box	the death certifle y the attending p sched for use as	Physician/M									i	
o	ras that the de signed by tha a l be detached i	ysk	Pert II. Other significant conditions	contributing to death bu	it not rasultin	g in the un	derlying cause giv	en in Pert I.	23b. Dlo	tobacco use cor	ntribute to	the cause of death?
۵	that the by detail		Diahe	tes	Me	11,11	26-		1 ☑	Yes 2 No	3 Prob	ably 4 Unknown
of Vital Records,	requires that	d by							24a Wa	s en eutopsy	24h Wei	re autopsy findings
Ö	v require been signature	ete								lormed?	com	llable prior to
Re	has has	Completed								-/		eath?
a	iclan: The certificata h rector, page		25. Wes case referred to medical	Γ						Yes 2 No	10	Yes 2□ No
5		o Be	exeminer?	Hospitel:			Ott-	or:	eath (Check only		OS. OF SALE	
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Division	Attending Ph r daath. ector: Atter th by tha funaral	tlor	1 □ Naturel 5 □ Pending 2 □ Accident investigation	(Month, Dey	Year)	Injury	28c. Injur Wor M 1 □	rk? Yes 2 □ No				
IS	or Attendi	fica	3 ☐ Suicida 6 ☐ Could not b	e 200 Place of Init	ry - At home	ferm, stre			28f. Location	(Street and Numb	er or Aural	Route Number,
É	after after Directory	Certification:	4 Homicide	building, etc	(Specify)				City or To	iwn, Stete)		
	To the Hospital or Att within 24 hours after of To the Funeral Direct completaly filled in by	edicai C	29a. Certifiar (Check only one)	nysicien: To the best of niner: On the basis of	axamination	ige, deeth and/or inve	occurred at the tiresting	me, date and pla pinion, deeth oc	ca, and due to the curred et the time	cause(s) end me , date and placa,	nner es ste and dua to	ited. tha cause(s)
	To the within 2 To the Complet	M M	29b. Signature aparture of contiller	// significial			29c. Licens	a number		29d. Date signer	d (Month, D	Pey, Year)
	- s - ö		1/8/	ll mo	20		711	N 7/	5		0	1901
	17		30. Name and address of person who			a) (Tuna E	Trint)	036	J	July	1,	1116
	10		Peter J. SA	BIA, M N	در العال دی	-) (1) ba' b		Aug C	site ans	Cilia C	· · · · ·	nd 2090
	Sta	te	31. Dete filed (Month, Day, Year)	32. Registre	r's Signature	, , ,	21.917	1116 2	OLIE SOE	311000	2641	7 1.60 2016
	Registr		JUL 1 1 199	32. Registre	Tairidan	Buch	00_					
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DHMH 16 Rav 6/95



laryland / Department of Health and Mental Hygien	e	Q	6	2	1	0	1.	2
Certificate of Death	lo.	1	U	-	1	9	-}	J

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N.	amine	As The Man Administration of	If not institution, gi	va straat and numbe	er)			4b. City, Town, or I			ty of Daath			
				COUNTRY	LANE			GAITHE	RSBURG	RSBURG MONTGOMER				
Fune Direc	_	5. Social Sacurity N 299–28–56		Sax 7. / 11⁄2 M 2□ F							9. Birthi Cour Wi	rthplaca (Stata or Foraign country) Wisconsin		
put &		Usual Rasidance of	10b. County		10c. City, To	our or Loop	tion							
e Maryla	miled at		Montgo	mery		hersb						10d. Insida City Limits 1 Yas 2 No		
ath with the Marylan 23e or 28a-f show		10e. Street and Nu 18604 Cro	oss Count	ry Lane			10f. Zip Coda 208	379-4603		10g. Citizan of U.S	ntry?			
71215-UUZU within 72 hours after death with the Maryland ena. then "naturel", or Hems 23e or 28a-f show	by Erro	3 ☐ Widowed	ried 2 Marriad	12. Was Decadar Armad Forces 1 ☐ Yas 2 & if Yas, Giva Yaar or Datas	s? I No		as Decadant of 'as, specify Cu Yas 21 No	Hispanic Origin? (Si ban, Maxican, Puarti Specify:		14. Race - Amaricen Indian, Black, Whita, atc. Specify: White				
5-0 72 ho	Completed	(Spec	15. Decedant's E cify only highast gr	ducetion	16	Sa. Dacedar	nt's Usual Occu	upation a during most of work ed)	kina	16b. Kind of B	usinass/in	dustry		
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D Date		47 5-11 ()		4		Paten	t Exami					ernment		
be filed ntal Hygi	0	17. Fathar's Nama	E. Moore	•				18. Mothar's Nam			na)			
Maryland 12 should be file h and Mantal Hy 7 Is marked oth	1					Clarinda Ripczinske 19b. Mailing Address (Straat and Numbar or Rurel Routa Numbar, City or Town, State, Zip Coda)								
Ma d2 si th an			eme/Ralationship (rant Lavm	ian / Cler	-ov 1	96. Mailing Coyen	Address (Strae ant Lif	e Church er Mill R	rel Routa Numi	ar, City or Town	, State, Zip	(Coda)		
Heal Heal	Demit. Pages 1 an Department of Heal Important: If item 2 any Injury or other bace.	20a. Mathod of Dis		, 0101	20h Place	7501	Muncast	er Mill R	d. Gait	hersbur 20c. Location	g, Md	20877		
on ages		1 🕮 Burlal 2	☐ Cramation 3 ☐	Ramoval from State	a Norb	tary, crama	ion (Nama of tory or other pl	aca) L Gardens						
it. P.			5 ☐ Othar (Special Junaral Sarvice Lices		NOLD				//10/90	OTHE	y, Md	. •		
Department Important	puce	> M/	that (2 Sitt	ors	De 10	East De	neral Ĥome er Park D	r. Gait	hersbur	g.Md.	20877		
		23a. Part1 Entar to shock, or had	ha disaasa, or com	plications that cause ona causa on aach	ad tha daath. De	o not antar	tha moda of dy	ring, such as cardiac	or raspiratory	rrast,		Approximata Intarval Batween		
Physici /Medic	cal	immediata Causa (disaasa or conditio	nn	P. has	many	TI	/	110	Co		· A	Onsat and Death		
Examin		rasulting in daath)		a	Dua to (or as			misour		June	my	8		
D 45	i e		_	i land	1	F	01							
tificate be axecuted by physician and as the burial-transit	Examiner	Sequantially list co	nditions,	DV- Pr	Dua to (or as	a consaqua	nce i):	Y						
Se ax	<u>ú</u>	Sequantially list co if any, laading to in causa. Entar Unda Cause (Disaase or that initiated avents	arlyIng injury	C			- 0	/			1			
rifficate be a	G G	that initiated avents resulting in death) Lest Dua to (or as a consequence of):												
certificanting	Me			d										
death ce e attandii	La													
that the de detached	/ Physician/Medical		rate	ontributing to death	but not rasulting	in tha unda	arlying causa g	ivan in Part I.		tobacco use co Yes 2 \sum No		the cause of death?		
w requires that the death cer s been signed by the attendire s been signed by the attendire s should be detached for use	Completed by									an autopsy ormed?	ava	ara autopsy findings allabia prior to mpletion of causa daath?		
The law ate has been 2 s	E								18	Yas 2□No	10	Yas 2□ No		
	Se C	25. Was casa rafari	red to medical					26. Place of Dee	th (Check disk		1	7.00 2010		
Physicien: this certific ral director,	TO B	axaminer? 1 ⊠ Yas 2 □	No	Hospitei:	tiant 2 ER/C	Outpatient	3□ DOA O	ther:		dance 6 □Oth	ar (Specifi	v)		
) 4 4 4		27. Mannar of Deeth	h 5 Pending Invastigation	28a. Date of Inj (Month, D	jury 28b	. Tima of Injury	28c. Inju			how Injury occur		,		
I or Attending P after death. Director: After t	ertification:	3 ☐ Sulcida 4 ☐ Homicide	6 Could not be determined								I Routa Number,			

29a. Certifiar (Check only one) 1 Certifying Physician: To tha best of my knowledge, deeth occurred at the time, date and place, and dua to the ceusa(s) and mannar as stated.

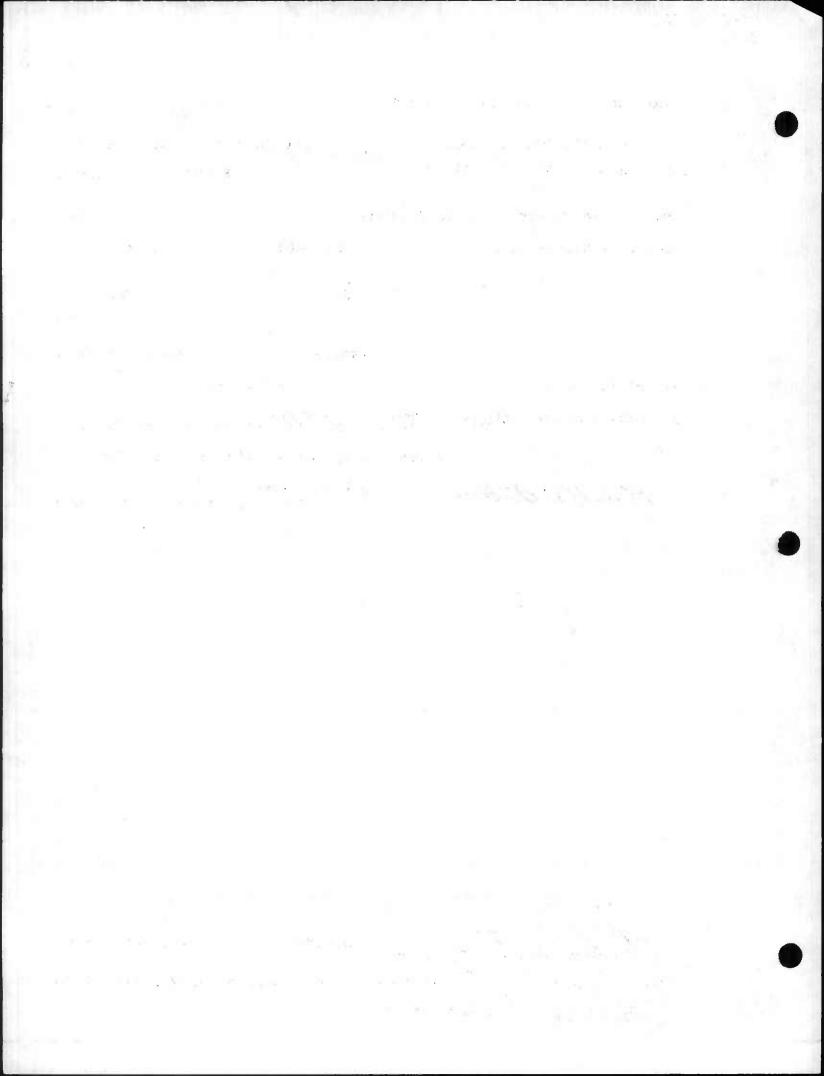
2 Medical Examinar: On tha basis of axamination and/or investigetion, in my opinion, deeth occurred at tha tima, date and piece, end dua to tha cause(s) and mannar stated. 29c. Licansa number 29d. Data signad (Month, Day, Year) JULY 06, 1996 O.C.M.E

30. Nama and address of person who completed ceuse of death (Itam 23a) (Type, Print)

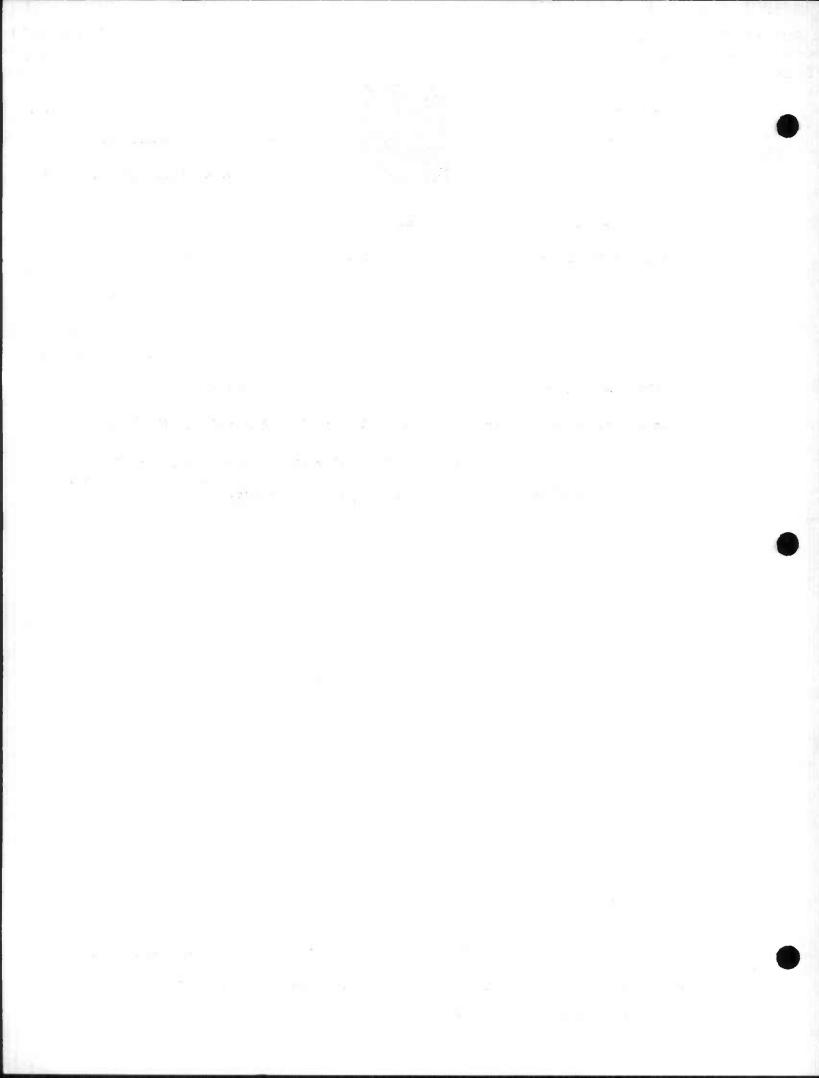
111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Data filad (Month, Dey, Year)
JUL 1 1 1996

Registrario Signetura Randelle



			(Ce	rtificat	e of	Death			Reg. No.			
	Dhusia	:	1. Decedent's Nama (First, Midd	fle, Last)				0		2. Date of D Month	eath Day	Year	3. Time o	d Death	
	Physic /Medi		Craig Hunting	ton Melto	n					July	3 1996 6:3			p.m.	
	Exami		4a. Facility Name (If not institution 5011 Keokuk S		umber)				4b. City, To Bethe		ocation of Dea	th 4c. County Mon			
-	Funeral		5. Social Sacurity Number	6. Sex	7. Age (In	yrs. last birthday) If Undar		If Undar	24 Hrs.	8. Data of B	irth	g. Birth	placa (Stata	or Foreign
	Director		224-15-6126 Usual Rasidance of Decedant	1 □ M 2 □ F		34 Yrs.	Months	Days	Hours	Min.	(Month, D	ay, Year) 1962	Cou	verly,	
	tand		10a. State 10b. County	/	100	c. City, Town or L	ocation							10d. Insida C	City Limits
	Mery fied	to	MD Monte	omery		Bethesda	1							Yas	2 □ No
	r 28a	Director	10e. Street and Number	,			10f. Zip	Code				10g. Citizen of	Whet Cou	intry?	
	h wit	aiD	5011 Keokuk	Street			20	816				U.S.A			
20	s after dee or items	by Funeral	11. Marital Status 1 Navar Married 2 Mar	H Ves G	orces?	In U,S. 13.	Was Decedif Yas, specific		dispanic Ori an, Mexicer Specify:	gin? (Sp n, Puarto	ecify Yes or N Rican, atc.)	14. Raca - Amarican Indian, Black, White, atc. Specify: White			
00	urel.	P	3 Widowed 4 Divorced		Dates:	140 0	45.70.44.00								
21215-0020	n 72 nat	Completed	(Specify only highs	nt's Education ist grade completed		(Give	dent's Usue kind of wo DO NOT us	rk dona	durina mos	t of work	ing	16b. Kind of Business/Industry			
7	within than	E O	Elementary/Secondary (0-12)		(1-4or 5+)		onne1			ist		U.S. C	uston	ns Ser	vice
Maryland d 2 should be file th end Mental Hy 7 is merked oth traumatic event	Ö	17. Father's Name (First, Middla,		, ·	1010	Jonnes	. <u>5</u> p			e (First, Middle	e, Maiden Sumer		io ber	VICE	
	id be ental ked c	To Be	Richard H. Me	lton					Mars	gare	t Ander	son			
	shound M	-	19a. informant's Name/Relation	ship (Type, Print)	e, Print) 19b. Mailing Address (Street and						al Route Numi	ber, City or Town	, Stete, Zij	p Code)	-
	alth e 27 le		Richard H. Me	lton - Fa	ther	715	715 S. Fairfax St., A					ia, VA	22314		
Je,	othe		20a. Method of Disposition			Ob. Place of Disp	aca of Disposition (Name of ometery, crematory or other place)				Date	20c. Location			
E	Pege ant c nt: If ry or		1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (\$		Hemoval from State						7/6/96	Fairfa	irfax, Virginia		
Baltimore, pemit. Peges 1 an Department of Heel Important: if Item 2 any Injury or other	permit. Departmingorta		21. Signature of Funaral Service Loopsee 22. Nama and Addrass of Facility Joseph Gawler's Son. 5130 Wisconsin Avenue, N.W. Washington, D.C. 20016												
			22a Part Enter the disease o	s complications that										Annandara	
Л	Physician		23a. Part1. Enter the disease, o shock, or heart failure. Lis	t only one cause on	each line.	death. Do not er	iter the mod	ie or ayıı	ng, such as	cerdiac	or respiratory	arrast,	-	Approxima Interval Be Onsat and	tween
Physician /Medical		Immediate Cause (Final										-			
	Examiner		disease or condition resulting in death)	a. Car	-	lmonary									
		ē		Pro		to (or as e conse mor (Gli			. M. 1	+ifc	rma)		i		
	uted d ansit	Examiner	Conventially list conditions	b. DI a		to (or as a conse		LOILE	ı, muı	LIIC)IME)		1		
Ć	exec an an riel-tr														
68760,	ysicia	cai													
x 68	eeth certificete be executed ettending physician and for use as the bunel-transit	/Medical	rasulting in death) Last												
Bo	deeth c														
o	0 0 0	Physician	Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceusa given in Part I. 23b. Did tobacco use contribute to										to the cause	of death	
۵.	that t ed by deta										1	Yee 21 No	3 Pro	obably 4	Unknow
ds,	law requires that the as been signed by th 2 should be detache	d by									24a Wa	s en autopsy	24b. W	Vere autopsy	findings
00	v require been si should	Completed									perl	ormed?	a\ cc	vailable prior ompletion of	to
Record	The lav	dm												f death?	
	icisn: The certificate rector, pag	e Co	OF Was seen referred to wedler									Yes 2 No	1	☐ Yes 2☐] No
Vita	Physician: this certific	00	25. Was cese referred to medice examiner? 1 ☐ Yes 2 ② No	Hospital:	l de l'ante de	-C-50/0-1-1		Ott	205:		h (Check only				
o	ung Physicien: The lav h. After this certificate has funerel director, page 2	To :u	27. Manner of Death	28a. Date	of Injury	2 ER/Outpatie		IM	4 🗆 NI	irsing Ho		how injury occur		ly)	
O	ding th. Afte	tion	1 Naturai 5 Pendii 2 Accidant investi		nth, Day Yes	er) Injury	м	8c. Injui Wo	rk? Yas 2□	No					
Division	or Attending letter death. Director: Affer din by the fune	Certification:	3 ☐ Suicide 6 ☐ Could	not be	e of Injury -	At home, farm, s	reet, factory	, office				(Street and Num	ber or Rur	al Route Nur	n <i>ber</i> ,
á	efte Dire	ert	4 ☐ Homicide	build	ding, etc. (S)	pecify)					City or To	own, State)			
	To the Hospital or Attent within 24 hours efter death To the Funeral Director: completely filled in by the	edicai C	29a. Certifier 1 Certifyle (Check only one)	ng Phyalcian: To the Examiner: On the b	e best of my pasis of exer	rknowledge, deal minetion end/or in	h occurred evestigation,	at the tir	me, date an opinion, dea	d place, th occurr	and due to the	cause(s) and m , dete and plece,	anner as a	atated. to the cause(s)
	ithin of the sample	Med	29b. Signatura and title of certifie		or stated.		290	. Licans	se number			29d. Data signe	ed (Month	Day. Yaar)	
	F 3 F 8			1. Men	` <	7									
	60				100 04 45 - 45	/ltom 00a) (To	Deical	D4.	1373			July 0	5, 19	196	
	7		30. Name end eddress of person Said Baidas, M					Wa	chino	ton	D.C.	20007			
	Sta	te.	31. Date filed (Month, Day, Year)					wa	ouring	.011,	D. U. Z	-0007			
	Registi		JUL 0 8 19		ia David	signature Randa	De.								



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month Day 2, 1996 ELIZABETH M. MATHER JULY 3:12 p.m. /Medical 4a. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner CARRIAGE HILL NURSING HOME SILVER SPRING MONTGOMERY If Under 1 Year If Undar 24 Hrs. Hours Min. 5. Social Security Number Birthplace (Stata or Foraign Country) 7. Aga (In yrs. last birthdey) 8. Data of Birth (Month, Day, 1□M 2X F Deys Year) Yrs. 201-16-9786 91 March 13, 1905 Scranton, PA Usuel Rasidance of Decedant 10e. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits Silver Spring to Yas 2 No Director Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 9101 2nd Avenue 20910 U.S.A. Funeral Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) Was Decedent Ever in U,S. Armed Forces? Race - American Indian, Black, White, atc. 1 Never Merried 2 Merried 1 Yas 2XXNo 1 ☐ Yas 2 ☐ No Specify: Specify: White þ 3 ☑Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elamantery/Secondary (0-12) Coilege (1-4or 5+) Executive Secretary 4 Secretarial 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maiden Sumama) Be Wallace G. Moser Mary Powell 19a. Informant's Neme/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) William R. Wychulis 6011 Exec. Blvd., #206, Rockville, MD 20852 20a. Mathod of Disposition 20b. Place of Disposition (Nema of cemetery, cremetery or other place) 20c. Location - City or Town, Stata 1 XBurial 2 ☐ Cremetion 3 ☐ Ramovel from Stete 4 ☐ Donation 5 ☐ Othar (Specify) 7/8/96 Hershey, PA Hershey Cemetery 21. Signature of Funeral Service Ligensee 22. Name and Address of Facility Joseph Gawler's Sons, Inc. 5130 Wisconsin Avenue, N.W. Washington, D.C. 20016 ME0956 23a. Part1. Entar the disease, or complications that causad the deeth. Do not antar tha moda of dylng, such es cardiec or raspiratory arrest, shock, or haart failure. List only one causa on each line. Approximata Intarval Batween Onset and Death Immadiata Causa (Final Dementia disaasa or condition rasulting in daath) Dua to (or es a consequance of): Physician/Medical Examiner Sepsis Sequantially ilst conditions, if any, leading to immadiate cause. Entar Undarlying Cause (Disease or Injury that Initiated avants rasulting in death) Lest Dua to (or as a consequence of): Due to (or es a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 ☐ Yas 20 No 1 ☐ Yas 2 ☐ No 25. Was casa raferred to medical Be 26. Plece of Deeth (Check only ona) 2 1 Yes 2⊠ No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA Certification: 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury et Work? 28d. Dascribe how injury occurred 5 Panding Invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 3 Suicida 6 Could not be 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homleida 12 Certifying Physician: To tha best of my knowledga, daath occurred at the tima, data and place, and dua to tha cause(s) end mannar as stated.

2 Medical Examiner: On the bests of axamination end/or investigation, in my opinion, daath occurred at tha tima, data and place, and dua to tha causa(s) and menner steted. 29e. Certifian Medicai 29b. Signatura and title of certifian 29c. License number 29d. Data signed (Month, Day, Year) Chalw Alemh D 43496 July 3, 1996

8830 Cameron St., #502, Silver Spring, MD 20910

To the Hospital or Attending Pryses within 24 hours efter death.

To the Funeral Director: After this completely filled in by the funeral directorial directors.

Funeral

Director

28a-f show

r than "natural", or Items 23a or 28a-f shorthe Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours effer to Depertment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or ther any Injury or other traumetic event, the Medical Example.

Physician /Medical

Examiner

ettanding physician end for use es the burial-transit

ate has been signed by the e pege 2 should be detached t

cartificate

this

director.

or Attending Physician: The law requires that the death certificate be assocuted

P.O. Box 68760,

Records,

Division of Vital

Baltimore, Maryland 21215-0020

deeth with the Maryland

31. Data filed (Month, Day, Year) State JUL 08 1996 Registrar

Mohammad A. Khalid,

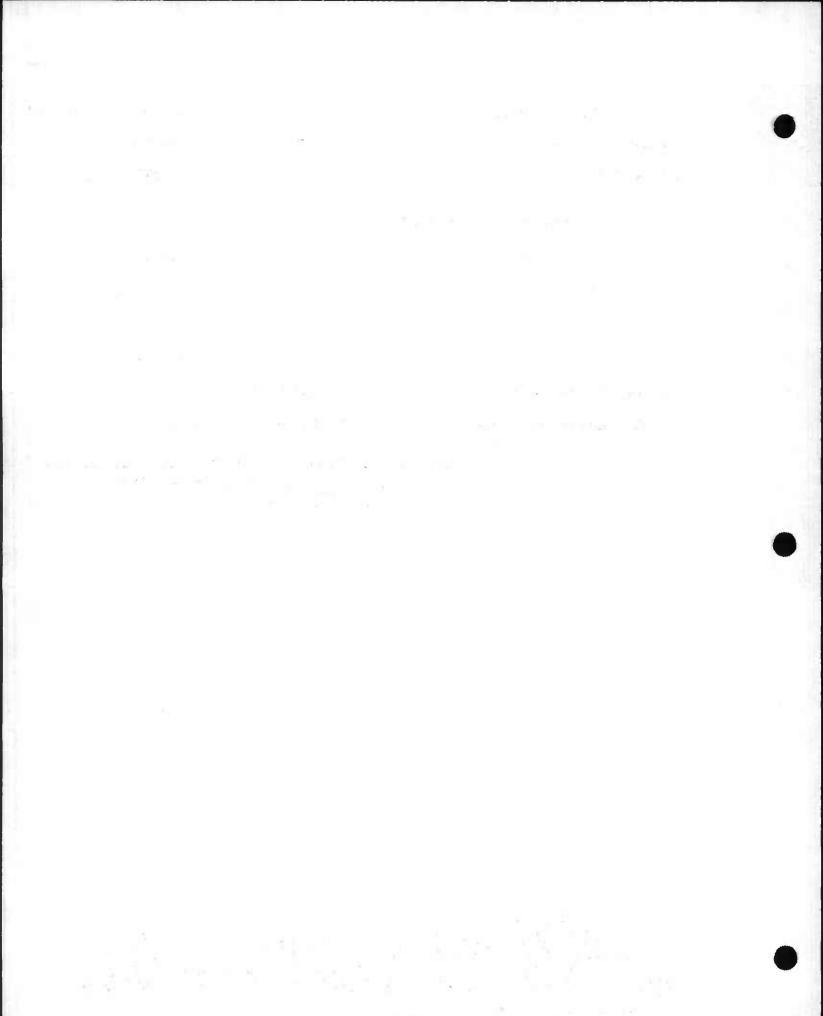


30. Nema and address of person who completed causa of daath (item 23a) (Type, Print)

11 T

State of Maryland / Department of Health and Mental Hygiene 9 6

						Cer	tificate of	Death		Reg. No.		21740				
P	Dhysis	on	1. Decedent's Nama (First, Middla, L		2. Date of Death Month Day Yaar											
1	Physici /Medi Examir	cal	CHARLES F. M. 4e. Fecility Nema (If not Institution, g					4b. City, Town, o	JULY or Location of Deat	5 1	996	2:45 pm				
1	LAUIIII	101	Suburban Hospita	1				Bethesd	a	Montg	gomery	У				
	Funeral Director		5. Social Security Number 6. 217-44-2342	Sex 7. Ag 1 → M 2 □ F		(In yrs. last birthday) 86 Yrs. If Under 1 Year If Under 24 Hrs. Months Days Hours Min. Min. Month, Day, Year) 8 Dete of Birth (Month, Day, Year) 9 Birthplace Country) Apr. 10, 1910 Sapulf										
	pg *		Usual Residence of Decedant 10a. Stata 10b. County	1711	10c. City, Town	n or Loc	etion				14	0d. insida City Limits				
	Aaryle f sho	ō		000000	Bethes		ution				- '	1 ☑Yes 2 ☐ No				
	18 28 m	Director	MD Montg 10e. Street and Number	Omery	Detiles	sua	10f. Zip Code			10g. Citizan of	What Cour	itry?				
	3a or		5415 Lincoln St	reet			2081	7			U.S.A.					
20	be filed within 72 hours after death with the Maryland vial Hygiene. Id other than "naturel", or Nerns 23s or 28s-f show event, the Medical Examinat must be notified at	by Funeral	11. Maritei Stetus 1 □ Never Married 2Ñ Married 3 □ Widowad 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yes 201 If Yas, Giva Yeer or Detas;	Ever in U,S.		/as Decedant of Yas, specify Cub		(Specify Yas or Ne erto Rican, atc.)		ce - Amaric eck, White, of	etc.				
9	2 hours		15. Decedant's I		16e.	Deced	ent's Usual Occu	pation		16b. Kind of B	Business/Inc	dustry				
215	within 72 ene. than "ne	Completed	(Specify only highest g	rade completed) Coilege (1-4or 5	(4)	(Giva k lifa. D	ind of work done O NOT usa ratire	pation during most of v ed)	vorking		,					
2	giene giene pr the	Com	Elemantery/Secondary (0-12)	4		tor	ney at 1	Law		U.S. Government						
pu	al Hygid d other	Be (17. Father's Name (First, Middla, Las	(1)				18. Mothar's N	lame (First, Middle	, Maidan Sumai	ma)					
yla	2 should be and Mental is marked or aumatic eve	To	Charles Francis	MacMullan				Mary C	larke							
Maryland 21215-0020	CI CI CI		19a. informant's Name/Raiationship						Rural Routa Numb			Code)				
	C 2 0 F		Carolyn Miller 20a. Method of Disposition	MacMullan-					Bethesd	a, MD 20		um State				
Baltimore,	pemit. Pages 1 a Department of Her mportant: If Nem any Injury or othe		1X Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Spec	ify)		Lin	ition (Name of atory or other pla coln Cer	netery	7/10/96	Brentwo	ood, M	Maryland				
	Depar impor any In		21. Signature of Funerel Sarvica Lie	made,	196%.		5130 Wis	sconsin	Avenue,	wler's S N.W.	Sons,	Inc.				
			23a. Parf. Enter the disease, or complications that caused the daeth. Do not enter the mode of dylng, such as cardiac or raspiretory errest, shock, or heart failura. List only one cause on each line. Approximate interval Batween Onset and Deeth													
	Physician /Medicai Examiner	ler	Immediate Causa (Final disease or condition rasulting in death)	Immediate Causa (Final disease or condition												
Box 68760,	death certificete be executed e attending physician and ed for use as the burial-trensit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avents rasulting in deeth) Last Dua to (or as a consequence of): Dua to (or as a consequence of):													
	death e atte ed for	sicia	Part II. Other significant conditions	contributing to death be	ut not rasultino in	the un	derivino causa o	ivan in Part I.	23b. Did tobacco use contribute to the cause of death							
P.O.	thet the led by th detache	y Physician/	pensher				auso			Y 20 No	3 □ Prot					
Records,	The law requires thet the death cer ate hes been signed by the attendir page 2 should be detached for use	Completed by	· /	`						s an autopsy ormed?	SVS	ara sutopsy findings alieble prior to mpletion of cause death?				
	The ate h	Con							10	Yas P No	10]Yas 2□ No				
/ita	ician: The certificate rector, pag	Be	25. Was case rafarrad to medical exeminar?						eath (Check only	ona)						
of Vital	Physician: r this certific aral director,	5	1□ Yas 20 No	Hospital:			3LI DOA		Homa 5 ☐ Res			y)				
UQ.	Ing P	ion	27. Manner of Death 1 Natural 5 □ Panding	28a. Date of inju (Month, Day		lima of njury	We	nyat frk? ∃Yes 2 □ No	28d. Describe	how Injury occu	red					
Division	Attending ir death. octor: After by the fune	icat	1 Accident invastigation 3 Sulcide 6 Could not	DO Diana of lai	Inv - At home fe	rm etm			28f Location	Street and Num	her or Rura	I Route Number				
<u>S</u>	or A effer Direct	Certification:	4 ☐ Homicide datamine	building, ato	. (Specify)	/	genationy, onitie		City of To	wn, State)	Der Of Fibra	r route rumber,				
	To the Hospital or Attending Physician: The is within 24 hours effer death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical C	29e. Cartifier 1 Certifying P (Check only one)	hysician: To the best of miner: On the bests of	axamination and	, death d/or inve	occurred at the ti estigation, in my	ime, dete end pla opinion, daath oc	ca, and dua to tha curred at tha time,	causa(s) and m date and pieca,	anner as st , end dua to	eted. o tha causa(s)				
	To the within To the comp	Me	29b. Signature and title of countries	Marila	tern	M	29c. Licen	sa number	7)	29d. Date sign	S/ L	Day, Year)				
Ţ	10		30. Nama and addrass of person who	completed causa of d	aath (Itam 23a) (Туре, Р	rint) Ellic	ott Gold	Strict	4.	1081	4				
	Sta Registr		31. Data filad (Month, Day, Year) JUL 0 8 199	32 Registre	er's Signature	Indal	2					/				



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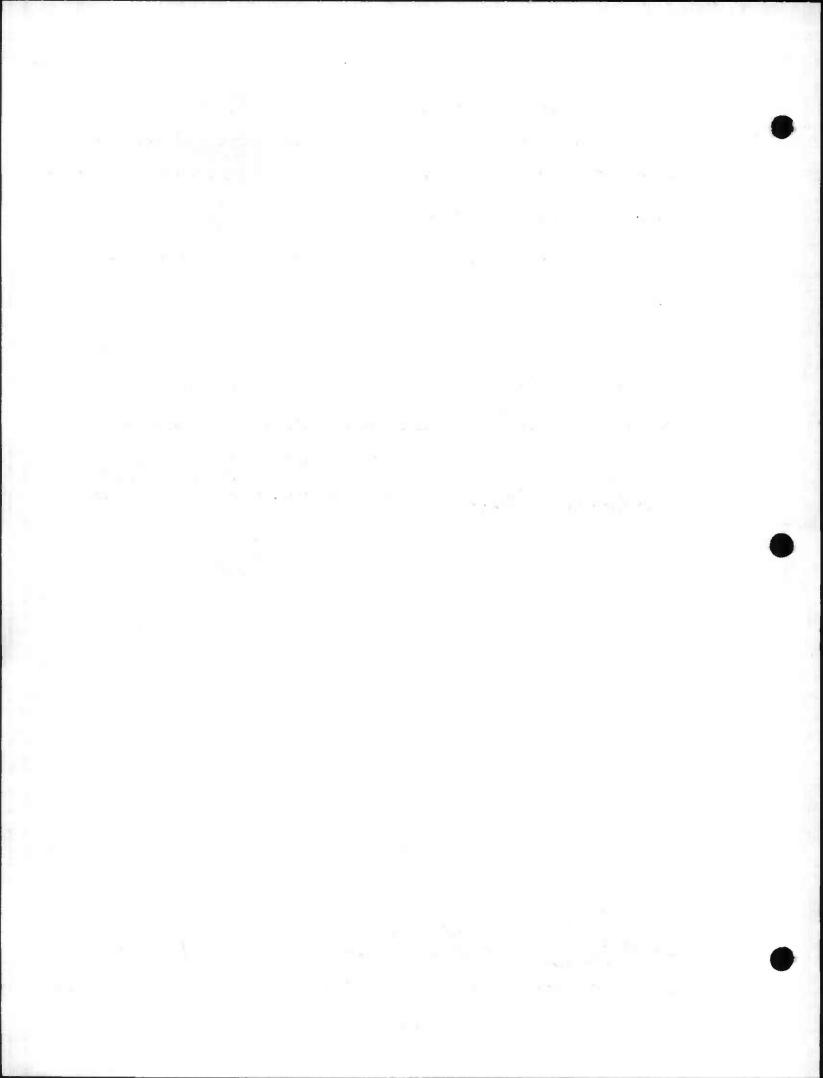
					C	ertificate of	Death		Reg. No.								
П	Physic	ian	1. Decedant's Nama (First, Middla, Last)					Month	2. Dete of Deeth 3. Tima Month Day Year								
0	/Medi	cal	SYLVIA MARCUS				41. Ohr Taura av	JULY 4,	1	11:30 AM							
	Examii	ner	4e. Fecility Nama (If not institution, give: MONTGOMERY GENERA	L HOSPITA	ւ		4b. City, Town, or OLNEY		MONTGOMERY								
	Funeral Director		370-14-0332	7. Age	(In yrs. last birthda 77 Yrs.	Months Devs		8. Dete of Birt (Month, Da SEPT. 1	1, 1918	9. Birthplece (State or Foreign Country) WASHINGTON, DC							
	Maryland of ahow	tor	Usual Rasidance of Decedent 10a. State 10b. County MARYLAND MONTGOME		10c. City, Town or OLNEY	Location			10d. Inside City Limits 1 □ Yes 2 □ No								
	or 28s	Directo	10e. Street and Number			10f. Zip Coda			10g. Citizan of V	Vhat Country?							
	23e c		18114 ROLLING MEAD	OW WAY		20832			UNITED S	STATES							
020	72 hours after death with the Maryland natural, or flams 23s or 28s-f show sides Examiner must be notified at	by Funeral	11. Meritel Stetus 1 Navar Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 ☐ Yes 2 No If Yas, Giva Year or Dates:		3. Was Decedant of if Yas, specify Cul 1 ☐ Yas 2X No.	ban, Maxican, Puer	specify Yes or No- to Rican, etc.)	14. Race - American Indien, Black, Whita, atc. Specify: WHITE								
21215-0020	S .	Completed	15. Decedant's Edu (Specify only highast grade Elamantary/Secondary (0-12)		(Gi	cedant's Usuai Occu iva kind of work done a. DO NOT usa ratin	a during most of wo	rking	16b. Kind of Business/Industry								
	e filed with al Hygiene. other than	Con	12		<u></u>	HOMEMAKE	1		OWN HOME								
, Maryland	S is S	To Be	17. Fethar'e Name (First, Middla, Last) HYMAN STEIN				18. Mothar's Nar	ma (First, Middla, HEIN	Maiden Surnam	Θ)							
	d 2 sh th and 7 is m traum		19a. informant's Name/Raletionship (Ty, STEVEN MARCUS (SO			19b. Mailing Address (Street and Number or Run 13532 YOUNGWOOD TURN-B											
Baltimore,	permit. Peges 1 an Department of Heel Important: If Item 2 any Injury or other once.		20a. Mathod of Disposition **Mathod of Disposition **Description 3 R 4 Donation 5 Other (Specify)	amoval from Stata	cematary, c	sposition (Nama of cramatory or other place) NG DAVID		Deta 7-7-96		City or Town, Stete HURCH, VIRGINIA							
Balti			21. Signeture of Funeral Service License	e /		DANZANSKY-GOLDBERG MEMORIAL CHAPELS INC. 1170 ROCKVILLE, MARYLAND 20852											
	_		23a. Part1. Enter tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory errest, shock, or haart failure. List only one cause on each line. TRINIBC IZENAL FAILURE WITH AZOTEMIA														
	Physician /Medical Examiner	Examiner	Immediata Causa (Final disaasa or condition rasulting in death)	PROTRACI		sequanca of):			, –	2 WEEKS							
Box 68760,	The law requires that the death certificate be executed at hes been signed by the ettending physicien and page 2 should be detached for use as the burial-transit	Medical	Sequantially list conditions, if eny, leading to immadiate cause. Enter Undartying Cause (Disease or injury that initiated events resulting in death) Last	RESECT	ue to (or es e cons	EURYM.											
P.O.	res that the designed by the eli	/ Physician	Pert II. Other algnificant conditions con CIFRONIC OBST														
of Vital Records,	w requires been sign should be	Completed by	ATHEROSCLERO TI	c card	10UNSCU	UNSCUEDE DISEASE.			an autopsy med?	24b. Ware eutopsy findings available prior to completion of causa of death?							
al Re			REFLUX ESOPH	130175.	7			101	as 2 No	1 Yas 2 No							
¥		o Be	25. Was case referred to medical axaminar?	ospital:	t 2 ER/Outpat	tient 3DOA	ther:	ath <i>(Check</i> only o		or (Conside)							
	After fune	ation: T	27. Mannar of Death 1 Natural 5 Panding 2 Accident invastigation	28a. Date of Injury (Month, Day	28b. Time	a of 28c. Inje			now injury occur	1,							
Division	To the Hospital or Attandi within 24 hours efter death. To the Funeral Director: A completely filled in by the fi	Certification:	3 Suicide 6 Could not be datamined	28a. Place of Injur building, etc.	y - At homa, farm, (Specify)	street, factory, office	1	28f. Location (\$ City or Tox		er or Rural Routa Number,							
	e Hospital or or 24 hours efter Funeral Direction of Funeral Direction o	edical (29a. Certifier (Check only one) 1 ☐ Certifying Phys	Ician: To the best of er: On the basis of a and mannar state	axaminatjøø and/or	eath occurred at the trinvastigation, in my	time, date end plece opinion, death occu	e, end due to the urred at the tima,	ceuse(s) and me data and place,	annar as stated. and due to tha cause(s)							
	To the within 2 To the comple	W	29b. Signatura and titla of cartifiar MANO H DIAZ	mo.	My	29c. Licar D220	nsa number 049		7	d (Month, Day, Year)							
	12		30. Name and address of person who companies H. DIA2 MD	mplated cause of date	ath (Item 23a) (Typ	pe, Print) PHELLIP	Dr. OLNU	en mo									
	Sta Registr	- 1	31. Data filad (Month, Day, Year) JUL 0 9 1996	32. Registrer													
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State of Maryland / Department of Health and Mental Hygiene Q &

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					,	Cer	tificate of	Death	,	Reg. No.	0 4	21340					
	Physici	an	1. Decedent's Neme (First, Mid	de, Last)					2. Dete of Dee	Dev	3. Time of Death						
	Physici /Medi		St	ehman S.	Minnich	1			July		996	10:15PM					
	Exami	ner	4e. Fecility Neme (If not Instituti		er)			4b. City, Town, or		4c. County of Deeth							
				s Hospital			K Hadard Vari	Silver S			gome						
	Funeral Director		5. Social Security Number 153-01-0766	6. Sex 1 X M 2 □ F	Age (In yrs. les 101	.,	If Under 1 Year Months Deys			h y, Year) 5 1894	9. Birthp Coun Penn	lace (State or Foreign try) sylvania					
	and *		Usuel Residenca of Decedent 10a. Stete 10b. Count	v	10c. City. 7	Town or Loc	cation				1	0d. inside City Limits					
	Aaryla	5		gomery		er Spr					ľ	1 □ Yes 2 No					
	28a-	ect	10e. Street and Number	· ·			10f. Zip Code			10g. Citizen of	What Coun	tnr?					
	WIE O	ā	3701 Internati	lama 1 Dm Am	4111		100	0906		United States							
	eath 23	era	11. Meritei Stetus	12. Wes Deceder					inecify Yes or No-		14. Rece - American Indien.						
21215-0020	Department of Health and Mental Hygiene. The partment of Health and Mental Hygiene. The portant: If item 27 is marked other than "natural", or items 23a or 28a-f show amportant: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at 2008.	by Funeral Director	1 ☐ Never Merried 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce	Armed Forces	s? XNo		Yes, specify Cut ☐ Yes 2 XNo	Hispanic Origin? (Span, Mexicen, Puerl Specify:	o Rican, etc.)		ck, White, y: Whi	etc.					
2-0	72 ho	Completed	15. Decede	nt's Education est grede completed)	T ,	16a. Deced	ent's Usuel Occu	pation during most of wo	rkina	16b. Kind of B	usiness/Inc	dustry					
2	ithin an	nple	Elementery/Secondery (0-12)		r 5+)			ed)	King	Trantin.	. F						
	2 should be filed within and Mental Hygiene. is marked other than aumatic event, the Mental Control of the Mental Control of the Mental Control of the Mental Office of the Menta	ပ္ပ	10	0		2	Sales	T		Heating		Ipment					
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3	Men	P	John L. Minnich Barbara E. Stehman 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State,														
Maryland	and and is m		19e. Informent's Neme/Reletion														
	Health Health tem 27 i		Leo Goulden /	Friend				Drive La	urel, Ma								
Ö	Pages nent of h int: if its		1 ☑ Burlei 2 ☐ Cremetion				sition (Neme of netory or other ple			20c. Location							
Baltimore,	rtmer rtant:		4 Donetion 5 Other (Specify) Moreland Park cemetery 07/08/96 Baltimore, Md. 21. Signeture of Euroral Service Licenses 22. Name and Address of Facility Hines/Rinaldi Funeral Home														
Ba	permit. Page Department of Important: If any Injury or once.		21. Signeture of Eurheral Service	homoc Jugo 11800 New Hampshire Ave. Silver Spring, Md 2090													
			23a. Pert1. Enter the disease, shock, or heart feilure. Li	or complications that cares only one cause on	ed the death.	Do not ente	er the mode of dy	ing, such es cerdie	or respiratory er	rest,		Approximete Intervai Between					
	Physician		Onset end Deeth														
-4	/Medical Examiner		Immediete Cause (Finei diseese or condition	. SUB	DUR	AL	HE	MAT	OMA		i	5 WKS					
		_	resulting in deeth)	~	Due to (or e	s a conseq	uence of):				+	5 WKS					
	pa #s	all le		b. + 1	7 66	Do	WN	STE	PS			5 WKS					
	tificate be axecuted ig physician and as the burial-transit	Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events Due to (or es e consequence of): Due to (or es e consequence of):														
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587	phys the	dedical	resulting in deeth) Lest	1	Due to (or es	s e consequ	uence of):	1									
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Box	eath cer attendin I for use	clar	David On a state of the state of the														
0	The law requires that the death cer ate has been signed by the attendir page 2 should be detached for use	Physician/R	Pert II. Other significant condit	ions contributing to death	but not resulting	lting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the ca											
О.	es that igned b	by PI							יטו	res 2LINO	3 Prot	bebly 420 Unknown					
Records,	uires n sign								24e. Wes	en autopsy	24b. We	ere eutopsy findings					
9	v require been si should	lete							perio	rmed?	CO	ellable prior to mpletion of ceuse death?					
Re	The law ate has page 2:	Completed							400	ACI.							
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5		To Be	examiner?	Hospitei: 154Inpa	tiont 2 TER	VOutpetient	3□ DOA Ot	her	eth <i>(Check</i> on <i>ly o</i> fome 5 ☐ Resid		10	.A					
of	등등		27. Manner of Deeth	28e. Dete of In	jury 28	Bb. Time of	28c. Inju		28d. Describe h			//					
Division	or Attanding Faffar death. Director: Affer I in by the funer	Certification:	1 □ Neturel 5 □ Pend 3 ☑ Accident Inves	Ination	0/ /	400		ork? Yes 2 4No	LE11	Da.	WW	C==00					
S	Attand ar death actor: by the	HC	3 ☐ Sulcide 6 ☐ Could	minad 200. Fleue UI I	njury - At home		et, factory, office		28f. Location (S	Street end Numb		I Route Number,					
Ö	Dir.	ert	4 Homicide		etc. (Specify) DFORF	, d	OURI	_	LEISU		RLD						
	To the Hospital or Attandi within 24 hours aftar death. To the Funeral Director: A completely filled in by the fi	edical	29e. Certifier 1 Certify (Check only one) 2 Medica	ng Physician: To the bes Examiner: On the basis end menner:	t of my knowle of exeminetion	dge, deeth	occurred et the t	ime, dete end piece	, end due to the	ceuse(s) and me	enner es si	eted. the cause(s)					
	To the within To the comple	ž	29b. Signature and title of senti-	Br O	11	0	29c. Licen	se number		29d. Dete signe	d (Month,	Dey, Year)					
			1	. ()/	11/2	180	007	099		July	6	91					
,	1.		30. Name end address of person	who completed cause of	deetb (Item 25	Sa) (Type, F	- Name -	0		/		/ 6					
	V		FRANCIC C	MAYLEI	10211	EDA	WOOK I	() De	THESE	A M	1	20817					
	Sta	te	31. Dete filed (Month, Dey, Year		trer's Signature		7 - 30 1	,,,	. //		<u> </u>						
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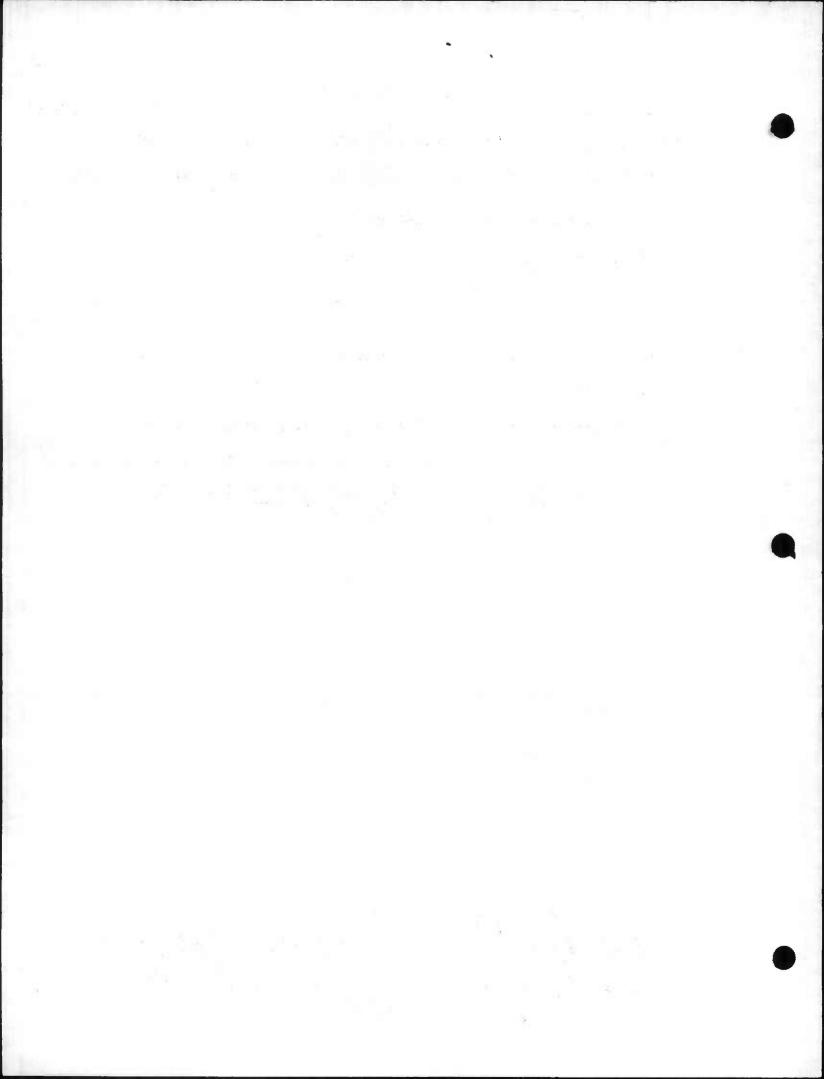
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					Certifica	te of	Death		Reg. N	0.					
Physic	ian	1. Decedent's Neme (First, Middle, L	Mc GL	AT/11	1.1			2. Dete of Month		ay .	Year	3. Time of Death			
/Medi		CARRIE		07	0	8	96	1500							
Exami	ner	4a. Facility Neme (If not institution, g MEDPOINTE CO		CARE	FACIL			n, or Location of De	eth 4	C. County of	of Death				
Funeral			Sex 7. Ag	e (In yrs. last bir	Months	er 1 Yeer Davs	If Under 24	A Sin (Month			Count	ace (State or Foreign			
Director		217-22-5059 Usual Residence of Decedent	TUM ZIAJF	88	Yrs.			Jan.	Jan. 70,7908 Virginia						
ehow ed at		10a. State 10b. County		10c. City, Town							10	Od. Inside City Limits			
vith the Meryla or 28a-f ehor	Director	MD Baltim	ore	Bal	ltimore							1 ☐ Yes 2 ☑ No			
vith th	Dire	10e. Street and Number	2 /			ip Code	`		10g. C	tizen of W		try?			
a 23a	erai	6727 Mallard	_	Ever in II C		21220		-0 (Daneity Van				an Indien,			
ter dee	Funeral	11. Merital Stetus 1 Never Merried 2 Married	12. Wes Decedent Armed Forces? 1 Yes 2 20		 Was Decedent of Hispanic Origin? (Sp If Yes, specify Cuban, Mexican, Puerto 			Puerto Rican, etc.)	NO-		k, White,				
urs aff	þ	3 ☑ Widowed 4 ☐ Divorced	If Yes, Give Yaar or Dates:		1□ Yes	2 DbNo	Specify:			Specify:	Whi	te			
filed within 72 hours after deeth with the Meryland Hyglene. ther than "natural", or items 23s or 28s-f ehow ent, the Mexical Experience must be neutral	Completed	15. Decedent's l (Specify only highest g	Education rade completed)	16a.	Decedent's Us (Give kind of w	ual Occup	pation during most o	ation during most of working			16b. Kind of Business/Industry				
d within	dmo	Elementary/Secondary (0-12)	College (1-4or 5	5+)	Homema.		a)		In ho						
be filed withintel Hyglane. d other than	ပို	17. Father's Name (First, Middle, Las			reomenta	uei	18. Mother's	s Name (First, Mide	t, Middle, Maiden Sumeme)						
2 5 5 5 5	To Be	unk Ferren					Anne	2 Davis							
d 2 should th and Mer 7 is marke treumatic		19a. Informant's Name/Relationship	(Type, Pnnt)	19b	19b. Melling Address (Street end Number or Rural Route					or Town,	State, Zip	Code)			
ロニトロ		Kenny McGlothlin	(son)		Joppa, M	D 27	1085								
of He		20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cremation 3	ca)	Date	20c. t	ocation - (City or To	wn, State							
Semit. Pages 1 and 2 should be filed within 72 hours aft Department of Health and Mentel Hyglene. Important: if item 27 is marked other than "natural", or my injury or other treumatic event, the Medical Examples.		4 Donation 5 Other (Spec	n, Mo	aryland											
permit. Pages 1 an Department of Heat important: If Itam 2 any injury or other once.		20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or To cemetery, crematory or other placa) 4 Donation 5 Other (Specify) 4 Aberdeen, Memorial Gardens 7/11/96 Aberde													
		23a. Part1. Enter the disease, or con shock, or heart failure. List only	mplications that daysed	the death. Do r	not enter the mo	ode of dyir	ng, such as ca	ardiac or respirator	arrest,			Approximate Interval Between			
Physician		A													
/Medical Examiner		disease or condition resulting in death) a. Of VIII G OFFICE O													
	ē	Due to (or es e consequenca of):													
be executed ician end buriel-transit	Examiner	b. — Due to (or on a consequence of):													
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requires that the death one signed by the attentional be detached for u	by Physician	Part II. Other significant conditions	contributing to death b	ut not requiting in	the underlying	cours sh	ton In Doct I	22h D	ld tdbaaa	0.4100.000	telbute to	the cause of death?			
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v require been si should	Completed	Endu	Sen					24a. W	es en auto rformed?	opsy	ava	re autopsy findings liable prior to			
¥ 200	npie	0							,		of c	npletion of cause leeth?			
The age			7.5					11	☐ Yes 2	2 No	1 🗆	Yes 2040			
Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?	Hospital:			Oth	4	of Deeth (Check on	y one)						
Phys ral di	. To	1 Yes 257No 27. Manner of Death	1 LI Inpatie		tpatient 3 . E	NOA	4 A Nurs	ing Home 5 Re				")			
ding Phi th. After thi funeral	5	Netural 5 ☐ Pending	28e. Date of Inju (Month, Da	y Year) li	njury M	28c. Injur Wor	rk? Yes 2 ☐ No		o now my	ary occurre	30				
or Attending after death. Director: After I in by the fune	E		28f. Location	28f. Location (Street and Number or Rural Route Number, City or Town, State)											
63 en == X	ertificati	2 Accident Investigation 3 Suicide 6 Could not determined	d 289. Placa of inj	28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 29a. Certifier 29a. Certifier 29b. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated											
Hospit 24 houn Funers	Jical Certification:	3 Suicide 4 Homicide 6 Could not determine	building, etc. thysician: To the best of aminer: On the basis of	c. (Specify) of my knowledge	, death occurre	d at the tir	me, date and ppinion, death	place, and due to ti	ne cause(e, date ar	s) and mer	nner as stand due to	ated. the cause(s)			
o the Hospit ilhin 24 houn o the Funers ompletely fille	Medical Certificati	3 Suicide 4 Homicide 29a. Certifier 1 Certifying P	building, etc	c. (Specify) of my knowledge	, death occurre	d at the tir	me, date and opinion, death	place, and due to ti	e, date ar	s) and mer nd placa, a ate signed	nd due to	the cause(s)			
To the Hospital or Attend within 24 hours after deat To the Funeral Director: completely filled in by the	Medical Certificati	3 Suicide 4 Homloide 6 Could not determine 29a. Certifier (Check only cone) Certifying P	building, etc. thysician: To the best of aminer: On the basis of	c. (Specify) of my knowledge	, death occurre	d at the tir	opinion, death	place, and due to ti	e, date ar	nd placa, a	nd due to	the cause(s)			
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State of Maryland / Department of Health and Mental Hygiene

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			1. Decedant's Nam	a (First, Middle, La	ist)					2. Dete of Deeth					3. Tir		
	Physic /Medi		ANNA	LAVIN N	1ARGOL	IS						July	12, Day	00 PM			
	Exami		4a. Facility Nama (i	If not institution, given	e street and n	umber)				4b. City, To	wn, or Lo	cation of Deel		County			
			Waldor	of Health	Care (Center			1.7	Wald	dorf		(Char	les		
	Funeral Director		5. Social Security N 189-05-16 Usual Residence of	558	Sax 1□M 2只F	7. Age (In	yrs. lest bi		Undar 1 Yaa onths Days		24 Hrs. Min.	8. Deta of Bi (Month, Di Aug. 4	rth ey, Year) 1, 19	15	9. Birthp Coun Penn	lace (St stry) SY1v	ete or Foreign 7ania
	puel wo		10a. Steta	10b. County		100	. City, Tow	n or Locati	on						1	0d. Insid	de City Limits
	the Mary 28a-f sh	Director	Maryland		ery		Silve	r Spr	ing		1 ☐ Yas						Yas 2 No
	with with	۵	1806 Albe	erti Driv	e				209	902			_	USA		,	
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Š	2 hou			15. Decedent's E	ducation		189	. Decedent	's Usuel Occi	upation			16b. Kind of Business/Industry				
218	hin 7	Completed	(Speci	offy only highest grandery (0-12)		(1-4or 5+)		(Give kind life. DO l	f of work don NOT use retir	ork done during most of working use retired)							
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pu	office vent	Be	17. Fether'a Name	(First, Middle, Last)					18. Mothe	r'a Name	e (First, Middle	, Maiden	Sumeme	9)		
<u>yla</u>	Ment Ment price artice	To	Martin Fr	rancis La	vin						Aı	nna Lav	7in				
ar	2 sho end le m		19a. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Routa Number,									ber, City or	Town,	Stete, Zip	Code)		
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ore	H Her H		20a. Method of Disp		Removal from	State	cemete	ry, crameto			į	Data	20c. Lo	cation - (City or To	wn, Stat	a
E	Peg ment ant:		1 Removal from State 1 Donetion 5 Other (Specify) 1 Removal from State Cemetery, crametory or other place) St. Mary's Cemetery Hanover Twn											Twns	hip,	PA	
Baltimore, Maryland 21215-0020	Depart Import any In		21. Signature of Fu	min Matt	Mach	100658	1	Hun	tt Fur	ress of Fecility neral F	iome.	, Inc. orf, M	206	04-0	1156		
	70000		23a. Part1. Enter the shock, or hea	he disease, or con rt fallure. List only	plications thet	caused the	daath. Do	not enter th	ne mode of dy	ing, such as	cardiac o	or respiretory	arrest,			Approx	imate I Between
	Physician															Onset	and Death
	/Medical Examiner		Immediate Cause (disaase or condition			LIVE	u l	anc	mo	ma					i	75	yrs
ı,	2	_	resulting In deeth)			Dua	to (or as a	consequen	ice of):						I		
_	pe jist	nlu	b														
60,	be execut	ai Examiner	Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of):														
Box 68760,	as that the death certificate be executed igned by the attending physician and be detached for use as the burlat-transit	n/Medicai															
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	ant sta	by F															
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ion o	Attending Physician: or death. ector: After this certific by the funeral director,		27. Manper of Deetl 1 ☑ Naturel 2 ☐ Accident	5 Pending Investigation	n	of Injury nth, Day Yes	28b.	Time of Injury	28c. Inj W M 1[uryat ork? ⊒Yes 2 □ I		28d. Describe	how Injun	y occurr	ed		
DIVIS	s efter deeth. I Director: After ad in by the fune	Certification:	3 Suicide 4 Homicide	6 Could not be determined	289. Plac	e of Injury - ding, etc. (Sp	At home, for	arm, street,	factory, office	Э		28f. Location City or To	(Street and own, Stete)		er or Rura	I Route	Number,
	To the Hospital or Attending Physicien: The I within 24 hours efter deeth. To the Funeral Director: After this certificate ha completaly filled in by the funeral director, page	edical (29e. Certifier (Check only one)	1 Certifying Pt	minar: On the	a best of my basis of exam nner steted.	knowledge nination ar	a, daath oo nd/or Invest	curred at tha Igation, In my	tima, date and opinion, deat	d piece, th occurr	and due to the red at the time	a cause(s) , date end	and med plece, a	nner as st	tated.	ise(s)
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			1//	(MMA)	INVIV	Mm			Do	464	19			2/1	519	10	
			30. Neme and addr	ess of person who	completed cau	ise of deeth	(Item 23a)	(Type, Prin						11	-//	V	
			Charlene	e A. Leto	hford,	700 C	ld Li	ne Ce	enter f	#100, V	Vald	orf, M	206	02			
	Sta	te	31. Dete filed (Mont	th, Day, Year 5	1996 32.	Registrat's S	ilgnature .	P									
	Registr	ar		OOLI	1330	Jama	will	ecx-box	dall								

State of Maryland / Department of Health and Mental Hygie Certificate of Death

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Physicia /Medic Examin

Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, it a Woolcal Evantmer must be notified at once.

Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

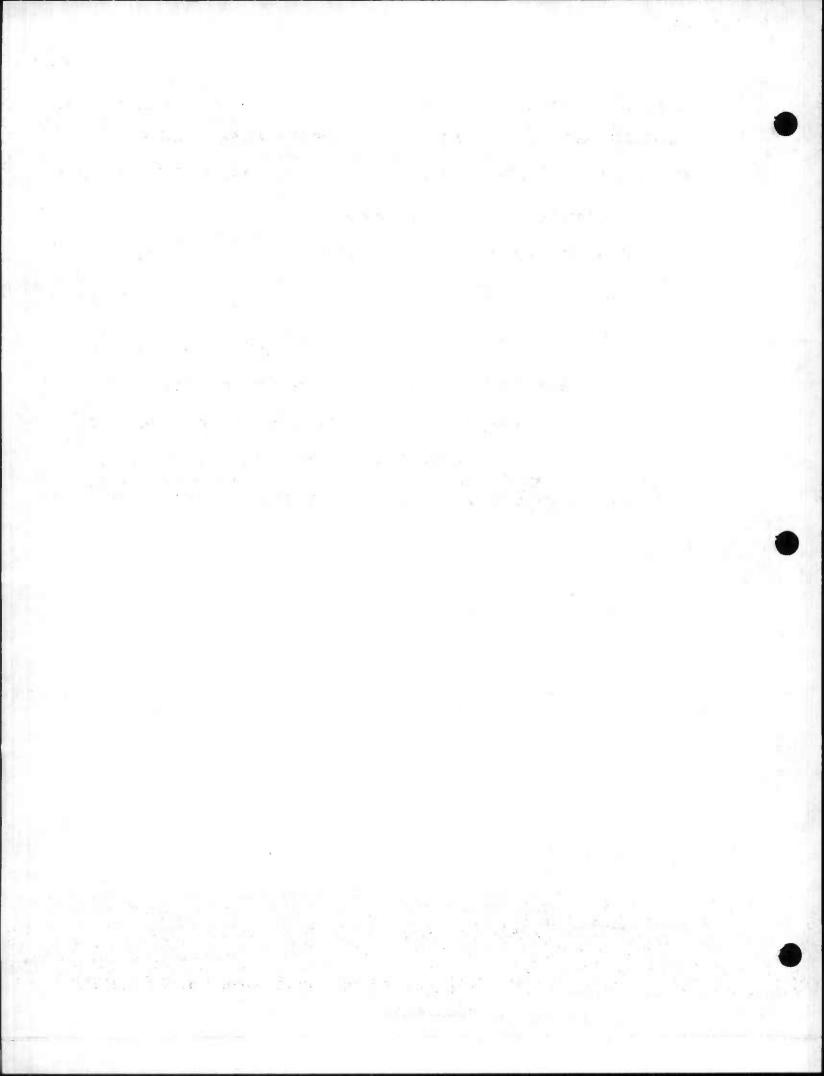
To the Hospital or Attanding Physician: The law requiras thet the death certificate be assected within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the attending physician and completaly filled in by the funeral director, page 2 should be detached for use as the burial-trensit Division of Vital Records, P.O. Box 68760,

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Registrar

JUL 15 1996



State of Maryland / Department of Health and Mental Hygiene

21952

					,		tificate of	Death		Reg. No.	0	21332
	Dhusial		1. Decedant's Nama (First, Middla, La	Köller	t Howard	d Ma	ngo1d		2. Data of De Month		Yaar	3. Tima of Death
	Physici Medie			ploque					7	10	1996	5;30 AM
	Examir	er	4a. Facility Nama (If not institution, gh					4b. City, Town, or				
			Residence: 63 Kar				If Undar 1 Yaar	Rising If Undar 24 Hrs		_	ecil	
	Funeral Director		222-22-1669	Sax 7. Age	a (In yrs. last bi	Yrs.	Months Days		8. Data of Bir Month, Da Nov . 1	, 1937	9. Birthpi Coun Pen	iaca (Stata or Foraign itry) insylvania
	land m		Usuai Rasidance of Decedant 10a. Stata 10b. County		10c. City, Tow	m or Loc	ation				10	0d. Insida City Limits
	ha Mary 8a-f sho	ector	Maryland Cec	1				ng Sun				1 X Yas 2 □ No
	th with t	Funeral Director	10e. Street and Number 63 Kanawha Drive				10f. Zip Coda 21911			10g. Citizan of V	Vhat Coun	try?
Maryland 21215-0020	parmit. Pages 1 and 2 should be filed within 72 hours aftar death with the Man/land Department of Health and Mental Hygiane. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examinat must be notified at once.	by Funer	11. Marital Status 1 Never Married 2 X Marriad 3 Widowed 4 Divorced	12. Was Decedant I Armed Forcas? 1 XXes 2 N If Yas, Giva Year or Datas:			/as Decedant of Yas, specify Cub □ Yas 2 ☑ No	Hispanlc Origin? (S san, Maxican, Puarl Specify:	Specify Yas or No to Rican, atc.)	- 14. Race Biad Specify	e - Amarica k, Whita, a	
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and	intal H	Be	17. Fathar's Nama (First, Middla, Last		-14				ma (First, Middla		a)	
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<u>8</u>	ith an		Patricia A. Mango		. 1			rand Number of Al		_		21911
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_	+1 VA		30. Nema and addrass of person who	ROVOLID LS	-		lymfree	Rd Be	elair, N	ld. 210	14	
	Sta Registr		31. Data filed (Month, Day, Year)	32. Ragistra	r's Signature	w Ye	ndull					

State of Maryland / Department of Health and Mental Hygiene 96 2 | 953

						Cen	tificate of	Death	1		Reg. No.		
Dhuei	cian	1. Decedent's Name (First, Mid								2. Dete of De Month	eath Dey	Yaar	3. Time of D
Physi /Med		John D. Mor:	ris							July 1	-		021
Exam		4a. Facility Name (If not Institut	ion, give street end	number)	T ₁			4b. City, To	own, or L	ocation of Deet		County of Deet	h
		Union Hospita	al					Elkto	on		C	ecil	
Funera	al I	5. Sociel Security Number	6. Sex		(In yrs. lest birt	thday)	If Under 1 Yaa Months Devs		24 Hrs. Min.	8. Data of Bir (Month, De	th Veer	9. Birtl	npiece (State or Funtry)
Directo	r	277-14-2420	1 🗽 M 2□ F	75	5	Yrs.	Monano Boy.	110010		Oct 31			
p .		Usual Residence of Decedent											
ehov	_	10a. State 10b. Coun	ity		10c. Clty, Towr	n or Loca	ation						10d. Inside City
No M	cto	MD Ce	cil		Chesar	eak	e City						1 Yes 2
ith th	Director	10e. Street and Number					10f. Zip Code				10g. Citiz	en of Whet Co	untry?
23a		128 Hollywood	d Beach R	d			219	15			USA		
d within 72 hours after deeth with the Merylend jiene. r than "natural", or itema 23a or 28a-4 show the Medical Examinet must be notified at	Funerai	11. Meritel Stetus	12. Wes D Armed	ecedant E Forces?	ver in U,S.	13. W	es Decedent of Yas, specify Cu	Hispanic Or ben, Maxica	igin? (Sp	ecify Yas or No)- 1·	 Rece - Amer Bleck, White 	
or h		1 Never Married 2 Ma	If Yes.	s 2□N Giva	0		☐ Yes 2 Th						nite
In I	d by	3 X Widowed 4 □ Divorce	ed Yeer o	r Detes:	WWII		_ 155					specify. W1	1166
72 h	Completed	15. Decede (Specify only high	ent's Education lest grede complete	ed)	16e.	Decede	ent's Usuel Occu ind of work done O NOT use retir	petion a during mos	st of work	ding	16b. Kin	d of Business/I	ndustry
within ene.	ig in	Elementery/Secondery (0-12) College	e (1-4or 5-				ed)					
e filed vall Hygie other to		12			S	Sale	sman	T				ustry	
be filed that Hyg d office event,	Be	17. Father's Neme (First, Middle						18. Moth	ers Nem	e (First, Middle	, Meiden S	Sumeme)	
should be ind Mental marked or umatic eve	2	James A. Morr:								Evans			
2 should be n and Mental is marked raumatic ev		19a. Informant's Neme/Reletion	nshlp (Type, Print)		19b.	. Mailing	Address (Stree	et end Numb	er or Ru	ral Route Numb	er, City or	Town, Stete, Z	ip Code)
end eaith n 27		Charlene Sm:	ith					d Bead	ch Ro	1 Chesa	peake	City N	D 21915
permit. Pages 1 end 2 should be Department of Health and Ments Important: If Item 27 is marked any injury or other traumatic a		20a. Method of Disposition 1 □ Buriel 2 ☑ Cremation	2 Demoval fra	om State	20b. Plece of cematar	Disposi y, crema	ition (Neme of atory or other pl	есе)	1	Dete	20c. Loc	ation - City or	Town, Stete
Pag nent int: i		4 Donation 5 Other		JIII Steta	R A Fe	rri	s J	uly 12	10	996	West	Cheste	r PA
Party Party		21. Signeture of Funeral Service	e Licensee			241-120-120-120-120-120-120-120-120-120-12	Name end Addi				Webe	oneste	. 1
Depa Impo	I	DR At	11	1	63	R.	T. Foa	rd Fur	nera]	l Home,	PA		
		23a. Pert 1. Enter the disease, shock, or heert failure. Li	or complications the	et caused	the deeth. Do n	3 I	8 George	e St.	Ches	sapeake	City	MD 219	Approximata
Physician	_	STOCK, OF HOST FAILURE. LI	st only one cease o									1	Interval Betwe Onset and De
/Medica Examine	_	Immediate Cause (Fine)	A	En	10 571	166	- LOI	0					
		resulting in death)			Oue to (or es e d	consequ	ence of):						
D ~	ine		h .	Re	PIKA	fore.	y FAI	IVR-	-			1	
ecute and -tran	Examine	Sequantially list conditions, if any, leading to immadiate ceuse. Entar Underlying			Due to (or es e o	consequ	ence of): FAI Proce of):						
sian sian		ceuse. Entar Underlying Ceuse (Diseese or Injury	J			·						1	
ate t	dica	thet initiated events rasulting in death) Lesf		0	oua to (or as a c	onseque	ence of):						
certificate be executed ding physician end se as the buriel-transit	Medical		4									į	
deeth cert e ettendin ed for use													
0 0 0	Physician	Part II. Other eignificant condit	tions contributing to	death bu	t not rasulting in	tha und	derlying cause g	iven in Pert	I.	23b. Dld	tobacco u	see contribute	to the cause of
thet the ned by th deteche										1 🗆	Yee 2	No 35KPr	obably 4 Ur
8 8 8	by											Tana	
v requires been sign should be	Completed									24a. Was perfo	an autops med?	8	Vere autopsy find vallabla prior fo completion of cau
¥ 50 €	g											o c	of death?
E ag	Ö									10	Yes 25	No 1	☐ Yes 25 No
ysician: The is certificate director, pag	Be (25. Was case referred to medic exeminer?	al					26. Plec	e of Dee	th (Check only o	one)		
5 00	To	1 ☐ Yes 2 K No	Hospitel:	Inpatier	of 2□ER/Out	tpatient	3□ DOA O	ther: 4 N	ursing Ho	ome 5 Resi	dance 6	□Other (Spec	city)
g Ph		27. Menner of Deeth		te of Injury	(28b. T	ime of	28c. Inje	ury et		28d. Describe	how Injury	occurred	
Attending or death.	atio	1 Neturel 5 Pend 2 Accident inves	stigetion	01411, 00)	10007	ıjui y		Yas 2	No				
America octo by tt	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide deter	mined 288. Ple	ece of inju	ry - At home, fer	rm, stree	et, fectory, office			28f. Location (Street end	Number or Ru	ral Route Numbe
d in in	le L	4 CI HOMICIOS	bu	ilding, etc.	(Зреспу)					City or To	WII, SIBIB)		
To the Hospital or Attending Phwithin 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edicai ((Check only 2 Medica	ring Physician: To t										
o the	Med	one) 29b. Signeture and titla of certif	and m	enner sfat	ad.			sa number				signed (Month	
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1+111.		- All						323	95		7-	190	76
6 VA		30. Neme end eddress of perso		euse of de			· .						
		Thomas F	: NUCAN	. 3	MAL	LLC	IN AL	B, C	wr	ih Ep	का ।	mo à	21901
G + IVA	tate	30. Name and address of perso Tho mA 5 31. Date filed (Month, Pay Yes	: NUCAN	. Registre		ıLc	rint)			th Ep			

DHMH 16 Rev 6/95

BALTIMORE, MARYLAND 21215-0020

68760	
BOX	
P.0.	
RECORDS,	
OF VITAL	
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bundal, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CER	TIFICA	TE OF	DEATH		REG. NO.	-		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE O				3. TIME OF DEATH
	Eleanor Teresa McKay				July	12,	ı 1996	YEAR	5:55 P. M
	4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birt	thday) IF U	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		6. BIRTH	PLACE (State or Foreign
	210 42 03/3 - 41 09	YRS. MONT	-34	HOURS MIN.	June	Day, Year)	1927	Conn	ecticut
	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN O	R LOCATION OF DE	ATH		9c. COU	NTY OF D	EATH
DIRECTOR	Route 5 Box 382D	I	exingt	on Park			St	. Ma	ry's
EC	10a. STATE 10b. COUNTY 10	Oc. CITY, TO	WN OR LOCATI	ON					10d. INSIDE CITY
	Maryland St. Mary's	Lex	ington	Park					LIMITS?
AL	10e. STREET AND NUMBER		10f.	ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	Route 5, Box 382D			20653			Uni	ted	States
ВХ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	D	If yes, spe	ENDENT OF HISPAN city Cuban, Maxicas 2 X NO Specify	n, Puarto Rk		or No-	Speci	- American Indien, c, White, atc. ly:
ED			AL OCCUPATIO		16b. F	IND OF BU	SINESS/INC		200
Ē		NOT use retir	done during mos red.)	t or working					
AP.	5 Но	memak	er			N/A			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Mic	ddle, Maiden	Surname)		
BE (Salvatore Perrera			Concett	a Del	1atte	a		
5		IAILING ADD	RESS (Street at	nd Number or Rural F	Route Numbe	r, City or Tow	n, State, Zip	Code)	
-		ite 5	Box 38	2C, Lexi	ngtor	n Parl	k, Ma	ryla	nd 20653
	20b.PLACE AND 1 \mathbb{R} Burlel 2 \(\) Cremetion 3 \(\) Removal from State 4 \(\) Donation 5 \(\) Other (Specify)					20c. LO			wn, State , Maryland
	21. SIGNATURE OF PETERAL SERVICE LATERISE	Пешо		D ADDRESS OF FA		и тес	maru	LOWII	, Haryrand
	Edward M. Brinsfield, Jr. MOO	052		field Fu			-		land 20650
CERTIFICATION	shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUE of Injury that initiated eventa resulting in death) LAST	ENCE OF):	blo	ald es		ore	i N	0 M)	Interval Between Onset and Death 3 Years
EDICAL	PART II. Other eignificent conditions contributing to death but not result to the conditions of the conditions contributing to death but not result to the conditions contributing to death but not result to the conditions of the conditions contributing to death but not result to the conditions of the		e underlying	Cause given in		24a. WAS AN PERFOI 1 YES 2	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH	YEC [LINCEDTAIN					1 NES 2 NO
PHYSICIAN:			heck only one)	OITCERIAII	4 L				
S	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetiant 2 ER/Outpatiant 3	ОТ	HER:	.26					
17.5		8b. TIME OF		Rasidence	-	(Specify)	N ILIBA UC	CURED	
	1 Neturel 5 Pending (Month, Day, Year)	INJURY	WO	RK? 'ES 2 NO	200. 0200	THE HOW		CONED	
ВУ	2 Accident Investigation 3 Suicide & Could and be 28e. PLACE OF INJURY — At home,	, tarm, atreat			28t. LOCA	TION (Street	and Numbe	r or Rumi I	Route Number,
TED	4 Homicide detarmined building, etc. (Specify)					Town, State			
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, daeth one) MEDICAL EXAMINER: On the best of examination end/or inve								a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	ABER .		29d. DAT	E SIGNED	(Month, Day, Year)
BE	Most MD			0362	06		10	711	5796
5		7) (Type, Print	t)	100					
) L	CONO	10	wa	/ /	200	20650
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	ul.							

REG. NO.

2. DATE OF DEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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4. SOCIAL SECURITY 5. SEX 7. DATE OF BIRTH (Month, Day, Year . AGE (In yrs. lest birthday) IF UNDER 1 YEAR 1 XM 2 🗆 DAYS HOURS 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR permit. Pages 1, 2, 3 Alisbur 10a STATE 10c. CITY, TOWN OR LOCATION ArION FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 218 filled in by the funeral director, page 5 should be detached for use as the burial-transit 38 AUMAN after death. Page 6 may be retained by the hospital or attending physician. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ONO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most (Specify only high ive kind of w Do NOT us COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 10 DOFEI notified at once. 17. FATHER'S NAME (First, Middle, Last) Unk BE 19a. INFORMANY'S NAME (Type/Print) 2 e 20b. PLACE AND DATE OF DISPOSITION (Name of METHOD OF DISPOSITION must Crémation 3 🗌 Donetion 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LUCKSEE medical examiner TAMPGEN HUR 23. PART I. Enter the diseases, pr complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heert fellure. List only one ceuse on each line. 50 **IMMEDIATE CAUSE (Fine)** the cremation, diseese or condition resulting in deeth) and completely The Rea event, DUE TO (OR A CONSEQUENCE OF): bunial, traumatic la CERTIFICATION en Sequentially list conditions, 0 DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate attending physician prior cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): Mental Hygiene that initiated events resulting in deeth) LAST injury, the PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY signed by the PERFORMED? shows any Health a 1 YES 2 NO 10 has been PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🗌 NO 🔲 UNCERTAIN Dept. Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) State certificate **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 Residence 8 Other (Specify) the 0 27. MANNER OF DEATH 25a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28 is marked, 28d. DEŞCRIBE NOW INJURY OCCURED with this 1 4 Natural Pending BY 1 YES 2 NO death 2 Accident After Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be COMPLETED DIRECTOR: after 4 Nomicide determined TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTY be filed within 72 hours at IMPORTANT: If Item 2 29a, CERTIFIER 1 DEERTIFYING PNYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND LITTLE OF CONTROL BE 29c. LICENSE NUMBER 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

habilitation

32. REGISTRAR'S SIGNATURE

Jahr Lander Rardall

CRATER

VIEW

WALER 31. DATE FILED (Month, Day, Year) STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3. TIME OF DEATH 12:30 8. BIRTHPLACE (S 9c. COUNTY OF DEATN WICOMICO 10d. INSIDE CITY TES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 5. 14. RACE — American Indian, Black, White, atc. Black Allrono re. Zip Code) ESS ANNE Approximata interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 _ YES 2 _ NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d, DATE SIGNED (Month, Day, Year) 6

State of Maryland / Department of Health and Mental Hygiene

96 21956

						Ce	ertificate of	f Death		Reg. No.		
	Dhysia	ion	Decedent's Name (First, Midd	lle, Last)					2. Date of D Month	eeth Day	Year	3. Time of Death
	Physic /Medi		LAURA	GALE		N	NERENBERO	3	JULY		996	5:08 PM
ì	Exami		4e. Fecility Neme (If not institution	n, giva street and n	u <i>mber)</i>			4b. City, Town,	or Location of Dea	th 4c. Count	of Death	
			15027 SHAMROCK	RIDGE RO	AD				SPRING	MONT	GOMER	Y
	Funeral		5. Social Security Number	6. Sex 1 □ M 2X F		yrs. last birthdey	Months Day			irth	9. Birth	place (Stata or Foraign http://originals.com/ INGTON, D. C.
	Director		198-40-2837 Usual Residence of Decedent			31 Yrs.			001.	0, 1904	WASH.	INGTON, D.C.
	land M		10a. Stete 10b. County	,	100	c. City, Town or L	ocation				7.	10d. Inside City Limits
	Mary 1 sh	0	MARYLAND MONT	GOMERY		SILVER	SPRING					1 ☐ Yes 2 No
	28.	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Cou	ntrv?
	72 hours after death with the Maryland naturel', or items 23a or 28a-f show alcal Examiner must be notified at		15027 SHAM	ROCK RIDG	E ROAI)	209			UNITED		
	items 2	Funeral	11. Maritel Stetus	12. Was Dec		In U,S. 13.	Was Decedent of	Hispanic Origin	? (Specify Yes or N	o- 14. Ra		can Indien,
0	urs after des el', or items Examiner in		1 X Never Married 2 ☐ Mer		2 X No		If Yes, specify Cu		uerto Rican, etc.)	Ble	ck, White,	etc.
00	Per.	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, G Yeer or I	ilve Dates:		1 □ Yes 2 💢 No	o Specify:		Specia	y: WH	ITE
2-0	72 hours 'naturel', olicel Ex	Completed	15. Deceder	nt's Education est grada complated	3	16a. Dece	edent's Usual Occi	upation	working	16b. Kind of B		•
21215-0020		npie	Elementary/Secondary (0-12)		(1-4or 5+)	lifa.	DO NOT usa retir	red)		ADOLESO	CENT '	TREATMENT
		S			5+	RECR	EATIONAL	THERAP	IST	CENTER		
P L	d is o	Be	17. Father's Name (First, Middle,						Name (First, Middle	e, Meidan Sumai	na)	
yla	2 should be end Mental is marked o aumetic eve	P	ROY NERENB	ERG				CAROL	KOHN			
Maryland	C1 0 0 0		19e. Intormant's Name/Reletions						r Rural Routa Num			
	f Heelth tem 27 other tr		ROY NERENBERG	(F.	ATHER)			DRIVE -	POTOMAC,			
0	S of L		20a. Method of Disposition 1 Burlal 2 □ Cremetion	3 □Removal from		Ob. Place of Disp cemetery, cra	osition (Nama of Imetory or other p	lece)	Date	20c. Location	- City or To	wn, State
<u>E</u>	men ant:		4 Donetion 5 Other (S			JUDEAN M	IEMORIAL	GARDENS	7/10/96	OLNE	Y, MA	RYLAND
Baltimore,	pemit. Pag Depertment important: I any Injury o	l v	21. Signature of Funeral Service	Licensee			2. Name end Add		DO MEMODA	AT CHAR	ET 0	TVG
	005 # O		Seans	120	you	20 1	170 ROCK	VILLE P	RG MEMORI IKE - ROC	KVILLE.	MARY	LAND 20852
2			23a. Part1. Enter the diseese, of shock, or heart tailure. List	complications that	ceused the	death. Do not en	iter the mode of dy	ying, such as cer	dlac or respiratory	errest,		Approximate interval Between
	/Medical Examiner	Examiner	Immediate Cause (Finel disease or condition resulting in death)		Due	to (or es e conse to (or as a conse	ART	-	Disea	He		
o,	se exection on suriel-tra		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury		500	to (or as a conse	quence or,	•			i i	
x 68760,	eath certificate be executed ettending physician end for use as the buriel-transit	Medical	that initiated events resulting in deeth) Lest	d	Due	to (or es e conse	quence of):				i	
8	death e etter	Physician									- 1	
o.	that the death led by the etter detached for it	ıysi	Part II. Other significant condition				underlying ceuse g	given in Part i.				o the cause of death?
1	that led b		Uisbei	es m	elli	24			1	Yes 2 No	3 □ Pro	bably 4 Unknown
Records,	requires been sign should be	Completed by								s an autopsy ormed?	8V 00	ere autopsy tindings allable prior to empletion of ceuse death?
	0 - 6	É							1	Yes 2 No	1[☐ Yes 2☐ No
-	ician: The	BeC	25. Was cese referred to medice	1				28. Place of	Death (Check only			
_	G 66 %	70	examiner? 1 ☐ Yes 2 ☐ No	Hospitel: 1 🗆	Inpatient	2 ER/Outpatie	nt 3 DOA	ther: 4 Nursir	ng Home 5 Res	idence 8 🗆 Otl	ner (Specif	על
	After fune		27. Manner ot Death 1 Natural 5 Pendir 2 Accident Investi	19	of Injury oth, Day Yea	28b. Time of Injury	W	ury at ork?] Yes 2 No	28d. Describe	how Injury occu	rred	
	호류하드	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	ined 286. Place	e of Injury ling, etc. (Sp	At home, ferm, st	reet, factory, office	9		(Street and Num. wn, Stata)	ber or Run	ıl Routa Number,
	To the Hospital or Attano within 24 hours after deati To the Funeral Director: completely filled in by the	edicai C	29a. Certifier 1 Certifyir (Check only one) 2 Medical	ng Physician: To the Examiner: On the b end man	e best of my pasis ot exar oner stated.	knowledge, deat minetion and/or in	th occurred at the ovestigetion, in my	time, date and pi opinion, death o	lace, and due to the occurred at the time	ceuse(s) and m , dete and place,	anner as s and due to	tated. o the ceuse(s)
	Vithin To th	Š	29b. Signeture end title of certifie	r		151	29c. Licer	nse number		29d. Date signe	ed (Month,	Day, Year)
			MID F	A. 1		1111	1 1	19701		JULY 9	100	96
-	1.		30. Name end address of person	who completed car	se It death	(tern alla) (Type	Print)	,,,,,,,,		0011	, 17.	, ,
ì.	V		ROBERT A. VIG					NUE #527	7 - CHEVY	CHASE	MARVI	LAND 20815
	Sta		31. Date filed (Month, Dey, Year)	996	Registraria S	ignature And	12	11 11 11 11	OIII VI	OTHE P	******	BAMAD_ALVOLD
	Registi	ar	JULIA I	000 07								

TO SEE A SERVICE SERVI

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

21957

				C	entificate of	Death		Reg. No.		41307
г	Physici	an	1. Decedent's Neme (First, Middle, Last)				2. Dete of De Month	Dev	Yeer	3. Time of Deeth
	/Medi		Lucille Cook Nicker	rson			July 1	1996		9:47 PM
	Examir		4e. Facility Name (If not institution, give street and number)			4b. City, Town, or	Location of Deat	th 4c. County	of Death	
			Manor Care-Bethesda			Chevy Ch			tgome	ery
	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs		Months Days		(Month, D		9. Birthp	place (State or Foreign
	Director		032-10-0136	Yrs.			Feb. 1	3, 1916		sachusetts
	and w		Usuel Residence of Decedent 10a. Stete 10b. County 10c. C	ity, Town or	Location				1	Od. Inside City Limits
	Weny!	0	Maryland Montgomery	Vor	acinatan					1 ☐ Yes 2 💢 No
	the 1	Director	10e. Street and Number	Kei	nsington 10f. Zip Code			10g. Citizen of V	Vhat Cour	ntn/?
	With With					205				
	90 th	era	10003 Wildwood Court 11. Merital Status 12. Wes Decedent Ever In U	J.S. 1	208 3. Was Decedent of		Specify Yes or N	United		en indian.
0	r Her	Funerai	Armed Forces? 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☒ No		If Yes, specify Cul	ban, Mexicen, Puer	to Ricen, etc.)		k, White,	
21215-0020	n 72 hours efter deeth with the Meryland "naturel", or items 23s or 28s-1 show ad call Examiner must be incitiled at	by	3 Widowed 4 □ Divorced If Yes, Give Year or Detes:		1□ Yes 2⊠ No	Specify:		Specify	: Wh	nite
Ö	2 ho	ted	15. Decedent's Education	16a. De	cedent's Usuei Occu	pation	211	16b. Kind of Bu		
218	S 9	Completed	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)	- life	ive kind of work done o. DO NOT use retire	ed)	rking			
		DO.	4		Homemake	er		Own	Home	2
P	be filed ttel Hygi d other event, I	Be (17. Fether's Neme (First, Middle, Last)			18. Mother's Ne	me (First, Middle	, Maiden Sumam	e)	
Maryland		2	Leon W. Cook			Nelli	e P. Rio	ch		
a			19e. informent's Neme/Reletionship (Type, Print)	19b. Me	eiling Address (Stree	et end Number or R	urai Route Numb	per, City or Town,	State, Zip	Code)
	EENL		Gail N. Smith / daughter		03 Wildwoo			gton, Ma:	cylar	nd 20895
ore	W		20e. Method of Disposition 20b. 1 ☐ Burial 2 MCremation 3 ☐ Removel from State	Piece of Dis cametery, c	sposition (Name of cremetory or other plane	ace) T11 1 1 2 1 2	Dete 1 0 0 6	20c. Location -	City or To	wn, Stete
E	Pages ment of ant: If ite ury or o		4 □ Donetion 5 □ Other (Specify)	ntgom	ery Crema	torium,	inc.	Bethesd	a, M	aryland
Baltimore,	permit. Page Department of Important: If I any Injury or once.		10		73 1 1 1 1	ess of Facility Ro	bert A.	Pumphre	y Fur	neral Home/
ш	20599		Darbora for Mr KM Willen Oliv.	rence	Avenue.	le, Inc. Rockvill	e Marv	st Montgo land 208	omery 350-2	2805
			23a. Part1. Enter the disease, or complications that caused the dee shock, or heart feither. List only one cause on each line.	th. Do not					1	Approximete Intervei Between
1	Physician		and the state of t							Onset and Deeth
-6	/Medical		immediate Cause (Final disease or condition Pneumonia							3 days
	Examiner		resulting in deeth)	or es a cons	sequence of):					5 days
	D H	Examiner	_ b Stroke						į	l year
	and trans	саш	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	or es e c <i>on</i> s	sequenca of):					
90,	clan clan		cause. Enter Underlying Cause (Disease or Injury Cause (Disease or Injury	scular	Disease				- !	4 years
68760,	ohysi the	edicai		or es a cons	sequence of):					
9 XC	certificete be axecuted iding physician and ise as the buriel-transit	√Me	d_ Diabetes n	mellit	tus				1	5 years
Bo		ian							1	
o.	res that the deeth signed by the ettar I be detached for u	Physicial	Part II. Other significant conditions contributing to death but not rec	sulting In the	e underlying ceuse g	iven in Pert I.	23b. Did	tobacco use cor	itribute to	the cause of death?
0	that the detail		Arteriosclerotic Heart Diseas	se			1 🗆	Yes 2 No	3 Prol	bably 4 Unknown
ds,	requires ween sign hould be	d by					240 Was	s en eutopsy	24h W	ere eutopsy findings
ö	v requir been si should	ete						ormed?	eve	elieble prior to
of Vital Records,	hes hes	Completed								death?
a	ician: The li certificate he rector, page		05 W					Yes 2 No	1 [☐ Yes 2☐ No
5		Be C	25. Wes case referred to medical examiner? Hospitel: Hospitel:		0		eth (Check only			
of	Physical distriction	: To	1 ☐ Yes 2 ☐ No ☐ 1 ☐ Inpatient 2 ☐ 27. Menner of Deeth ☐ 28e. Dete of injury	ER/Outpet 28b. Time	III JU DOA	4AJ Nursing I		how Injury occurr		V)
Division	ding th. After fune	tion	1 ☑Neturel 5 ☐ Pending (Month, Day Year) 2 ☐ Accident Investigation	injun	y We	ork?]Yes 2 □ No	200.000.00	non injury coods.		
ISI	or Attending after deeth. Director: After	flca	3 ☐ Suicide 6 ☐ Could not be 28e. Place of injury - At h	ome, ferm.			28f. Location	Street and Numb	er or Rura	al Route Number.
Š	after after Direct d in b	Certification:	4 Homicide building, etc. (Speci	fy)	,			wn, State)		
	Hospital 24 hours Funeral stely filled		29e. Certifier 12 Certifying Physician: To the best of my kno	owledge, de	eth occurred at the t	ime, dete end plece	e, and due to the	ceuse(s) end me	nner as s	teted.
	To the Hospital or Attending Ph within 24 hours after deeth. To the Funeral Director: After thi completely filled in by the funeral	edicai	(Check only one) 2 Medical Examiner: On the basis of examine end manner steted.	etion end/or	investigation, in my	opinion, deeth occi	urred et the time	dete and place,	ind due to	the cause(s)
	To the within 2 To the comple	Ž	29b. Signature and title of certifier		29c. Licen	se number		29d. Date signed	i (Month,	Day, Year)
¥			Son a My Xmu (2007.7		July 1	1 1	996
	,2		30. Name and address of person who completed cause of death (Itel	m 23e) (Tvn		30844		July .	. I , I	990
	10			,	,	Soulevard	. Bether	da Mari	71 and	20817-163
	Sta	te	31. Dete filed (Month, Day, Year) 32. Registrer's Sign	eture		Julevalu	, Deciles	Juan Mar	Tand	ZV017-103
	Registr	ar	JUL 1 2 1996 Julie Vavid	מל .	f ac					
DHI	MH 16 Rev 6/98	5	Janes Barrie	001-NO	No.					

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Day Yaar 9:04 PM 9, Evelvn Nickels July 1996 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Suburban Hospital Bethesda Montgomery If Undar 1 Yaar | If Undar 24 Hrs. | 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** 1 ☐ M 2 🖾 F Yrs Director July 27,1910 216 46 6576 Connecticut Usual Rasidance of Dacedant the Meryland 10a, Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 28a-f ahow ral', or items 23a or 28a-f ahor Examiner must be notified at 1 ☐ Yas 2 No Director Rockville Montgomery Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 12615 Circle Drive 20850 United States Peges 1 and 2 should be filed within 72 hours efter death nent of Heelih and Mental Hyglene.

Mit: If item 27 is marked other than "natural", or itema 23 mit: If item 27 is marked other than "natural", or item 21 my or other traumatic event, the Medical Experiment mass Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: by Specify: 3 Widowed 4 □ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Own Home Homemaker 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be Marie Branch Louis Koehler 2 19a. tntormant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 4317 Puller Drive, Kensington, Maryland David Κ. Nickels (Son) flem 2. other t 20b. Place of Disposition (Nama of cemafary, crematory or other place) July 12, 1996 20a. Mathod of Disposition 20c. Location - City or Town, Stata Department of Important: If it any injury or or once. 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Montgomery Crematorium Inc. Bethesda, Maryland Robert A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montsomery Avenue Rockville, Maryland 20850 21. Signature of Funaral Sarvice License M00335 23a. Part1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or head failed a. List only one cause on each line. Approximata interval Bety Onset and Death Physician /Medical Immediata Causa (Final Acute Leukemia disaasa or condition rasulting in daath) Weeks Examiner Due to (or as a consequence of): Examiner Sepsis The law requires that the death certificate be executed attending physician end for use as the buriel-transit Sequantially list conditions, if any, laading to immadiata ceuse. Entar Undarfying Cause (Disease or injury that initiated evants rasulting in daath) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequence of) been signed by the s should be deteched t Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? Completed completion of causa of death? certificate hes birector, page 2 s 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐ No Hospital or Attanding Physician: 24 hours after death. Funeral Director: After this certifica funeral director. Be 25. Was casa rafarred to medical 26. Place of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 1 ☐ inpatiant 2 ☐ ER/Outpatlant 3 ☐ DOA Certification: To 28a. Data of injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred 28b Time of 28c. injury at Work? 1 Natural 5 Panding 1 ☐ Yes 2 ☐ No Invastigation 2 Accident 6 Could not be datarminad 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicide within 24 hours a
To the Funeral E
completely filled 1 Certifying Physician: To the best of my knowledge, daath occurred at tha tima, date and place, and dua to tha ceusa(s) and mannar as stated.

| Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the tima, date and place, and dua to the causa(s) and mannar stated. edicai 29a. Cartifier (Check only one) To the 29b. Signatura and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) ele 0 30. Name and addrass of parson who completed causa of death (itam 23a) (Type, Print) $oldsymbol{\delta}$ Dennis A. Cullen, M.D. 5454 Wisconsin Avenue, Chevy Chase, Maryland 20815 31. Data filed (Month, Day, Year) 32. Registrar's Signatura State Registrar Julia Davidson Randall

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene 96

						Ce	rtificat	e of	Death			Reg. No.			
			1. Decedant's Nama (First, Middia,	Last)							2. Data of De	ath	Maria	3. Tima	of Death
Н	Physici		MAXINE MORGAN	NELSON							July 6	, 1996	Yaar	7:15	5 p.m.
	/Medi Examir		4a. Facility Nama (If not institution,	giva street and nu	mber)				4b. City, To	wn, or L	ocation of Death	4c. County	of Death		-
Û			HOLY CROSS HOS	PITAL					Silv.	er S	pring	Mont	gomer	V	
Т	Funeral		5. Social Sacurity Number 6	. Sax	7. Aga (In yrs	s. last birthday			r if Undar	24 Hrs.	8. Data of Bir (Month, Da	th			a or Foreign
ı	Director		578-40-2361	1□ M 2ÅF		67 Yrs.	Months	Days	Hours	Min.	Feb. 22	, 1929			colina
	₹ .		Usuai Rasidance of Decedant												
	nylar how	_	10a. Stata 10b. County		10c. C	ity, Town or L	ocation						10		City Limits
	W M	cto	N/A N/A		Wa	shingto	on, D.	C.						1.KJ Ya	s 2 No
	4 th	Director	10e. Street and Number				10f. Zip	Coda				10g. Citizan of	What Coun	try?	
	th w		6101 16th Stree	t, N.W.			200	11				United	Stat	es	
	be filed within 72 hours after death with the Maryland rial Hygiena. d other than "natural", or items 23a or 28a-f show event, the Medical Examinat must be notified at	Funerai	11. Marital Status	12. Was Deci	edant Evar In	U,S. 13.	Was Deced	ant of	Hispanic Ori	igin? (Sp	ecify Yas or No Rican, atc.)	14. Ra	ce - Amarica		
0	or it		1 ☐ Navar Married 2 ☐ Married		2X No		1□ Yas				, , , , , , , , , , , , , , , , , , , ,	Specif	D 1	ack	
21215-0020	ral',	d by	3 Widowad 4 Divorced	Yaar or D								Spoon.	,.		
7	nath Police	Completed	15. Decedant's (Specify only highast)	Educetion grada compiated)		16a. Dece (Giva	dent's Usua kind of wo	l Occu	upation a <i>during</i> mos ed)	t of work	ing	16b. Kind of B		-	Com
12	withir than	ם	Eiamantary/Secondary (0-12)	Collega (1-4or 5+)	Mathe	ematic	al	Stati	stic	ian	Federa			
7	Hygie ther ther		12 17. Fathar's Nama (First, Middla, La	4		1			10 Moths	ada Nam	a /First Middle	. Maidan Sumar		ernme	:11 €
ano	Mental F Mental F arked of	Be	Brookshire Morg	•									na)		
Ë	should and Men marke	2								-	ne Chri				
Maryland	V 0 m e		19a. Informent's Name/Ralationship	(Type, Print)			_					er, City or Town			
	Health Health em 27		Sampson Nelson 20a. Mathod of Disposition		20h	Place of Disp	16th	St	reet,	N.W	., Wash	ington,			.1
O	A To H		1 Burlai 2 □ Cramation 3	Ramovai from		cematary, cre	matory or o	thar pi	ace)		14745	20c. Location	- City or 10	wn, Stata	
Ë	tmer tent:		4 □ Donation 5 □ Other (Spe		F	t. Lind					/11/96	Brentw	ood,M	aryla	ınd
Baltimore,	permit. Pages 1 an Department of Heal Important: If Item 2 any Injury or other once.		21. Signature of Funarai Sarvice Lic	ensaa		N N	2. Nama an IcGuir	d Addı e F	unera.	I Se	rvice,	Inc.			
_	GUZEG	1	Hapry .	Dobo	ins	7	7400 G	eor	gia A	ve.	N.W., W	ashingt	on, D	.c.	20012
			23a Part Enter the disaasa, or co	mpilcations that of	eused tha das	ath. Do not an	tar tha mod	a of dy	ring, auch as	cerdiac	or raspiratory a	rrest,		Approxim Intarval B	etween
	Physician			•										Onset an	d Death
	/Medical Examiner		Immediata Cause (Fine) disaasa or condition rasulting In daath)	a HC	UTE	PUL	MONI	7R	4 6	· m	BOLIS	en	i	121	Houng
		-	rasoning in dadily		Dua to	(or as a conse	quance of):		,						
_	po is	Examiner		b											
	end Ftran	xan	Sequantially list conditions, if any, laading to immadiata		Dua to	(or as a conse	quance of):								
68760,	be as ician buria	a. E	Cause (Disaasa or Injury	C									į		
8/	law requires that the death certificate be assouted ass been signed by the attending physician end a 2 should be detached for use as the bunal-transit	edicai	that initiated avants rasulting in daath) Last		Dua to	or as a conse	quance of):						i		
×	ding se as	2		■ d									į		
Bo	that the death cened by the attendi	Physician/											i		
o.	the de	ysi	Part II. Other significant conditions	-		_	undarlying c	eusa g	iven in Part i	l.	23b. Did	tobacco use co	entributa to	the cause	of death?
٦.	that the ed by	Ph.	B RONCH	AL	CHIT	HMA					10	Yes 2 No	3 Prob	ably 4	Unknown
ds	rires that signed i d be det	d by	BRONCHO HYPERTO								240 18/00	an eutopsy	24h Wa	ra autops	v findings
Š	v require been sly should t	Completed	HYPERTO	ENSIDA	1							med?	cor	allable prio	r to
စ္	has b	id m	1										of c	death?	
	The page										10	Yas 2 No	1 🗆	Yas 2	□ No
=======================================	ysician: The l s certificate ha director, page	Be	25. Was cesa rafarred to medicel axaminar?	Handball a						of Deal	th (Check only o	ona)			
5	hysl his c	٩	1 Yas 2 No			ER/Outpatle		A		ursing Ho		dance 8 Oti)	
Division of Vital Records, P.O.	Attending Physician: or death. octor: After this certific by the funeral director,	Certification:	27. Mannar of Death 1 Naturai 5 ☐ Pending	28a. Data	of injury th, Day Year)	28b. Tima o Injury		8c. Inje			28d. Dascribe	how Injury occu	rred		
Sic	eath or: A	cati	2 ☐ Accidant invastigat 3 ☐ Suicida 6 ☐ Could not				М	1[]Yas 2□	No					
<u> </u>	or Attendated after death Director:	E	4 Homicida datamine	d Zea. Place	of injury - At I	homa, farm, st ify)	reat, factory	, office			28f. Location (City or To	Street and Num wn, Stata)	ber or Rura	l Routa Nu	imber,
	ral Delli														
	Hosp 14 ho Fune taly fi	edicai	(Check only 2 Medical Ex	Physician: To the aminer: On the b	asis of examin	owledga, dael etion and/or Ir	h occurred a vastigetion,	at tha t in my	time, date an opinion, dee	d place, th occur	and due to the red et the time,	ceuse(s) end m deta and piece,	enner as st end dua to	ated. tha ceusa	1(8)
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th complataly filled in by the funeral	Med	one) 29b. Signature and title of certifier	and mani	nar stated.										
	5 1 × 5 0	-	250. Signature and title of certifier	1 Ho	~0.	110			nsa number			29d. Data signe	ou (Month, L	Jay, 1881)	
			(may	1 (100	Tet U	-0)		y0	735				//	0	
	4		30. Nama and address of person		a of daeth (Ite	m 23a) (Type	Print)	- 4	6.	,	, ,,	. Wa	1.	hn	2.
					ci) L	1600	coun	e C	recurb	0	we N.h	1. Wa	my	2	000
	Sta	-31	31. Data filed (Month, Day, Year) JUL 0 9 1996	2. R	egistrar's Sign	native	2								
	Registr	aı	205 0 3 1330	1											

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Death July **Physician** 1996 **HENRY** VICTOR 9:35 PM NECKER /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Elkton Cecil Union Hospital 8. Data of Birth (Month, Day, Yea May 24, 1 5. Social Security Number 7. Age (In yrs. lest birthday) If Undar 1 Yaar If Undar 24 Hrs. 9. Birthpleca (Stete or Foreign Country) Maryland **Funeral** Months Hours 113 M 2□F 1908 Director 216-07-1152 88 Usual Residence of Decedant with the Maryland 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f sho other traumatic event, the Medical Examinar must be nottled at 1 Yas 2 No Director Maryland Harford Edgewood 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21040 USA 1803 Nuttal Avenue 12. Was Decedent Ever In U,S Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - American Indian, 11. Marltai Status Bieck, White, etc. 1 ☐ Yas 2 No If Yes, Give Year or Detes: 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yes 21 No Specify ģ Specify: 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education 16a. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Specify only highest grade completed) (Giva kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) Coilege (1-4or 5+) Accountant Federal Government 17. Father's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) should be ind Mental Martin Necker Christine (nmn) Neumeister 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Heelth Important: If Item 27 Helen E. Necker - Wife 1803 Nuttal Avenue, Edgewood, Md. Baltimore, 20b. Piece of Disposition (Neme of cemetary, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 DBuriel 2 □ Cramation 3 □ Removal from Steta 0 any injury 4 ☐ Donetion 5 ☐ Other (Spacify) Bel Air Memorial Grdns. 17-8-96 Bel Air, Maryland 22. Name and Address of Fecility Howard K. McComas III Funeral Home, P.A. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, s, or heert feilure. List only one ceuse on eech line. 1317 Cokesbury Rd., Abingdon, Md. Approximata Intervai Between Onset and Death **Physician** Immediate Ceuse (Finei disease or condition resulting in deeth) **IMedical** ron cholmoumonia **Examiner**

Sequentielly list conditions

arymedical Ex	if eny, leading to immediate cause. Enter Undertying Cause (Disease or Injury that initiated events resulting in deeth) Lest	c		
y ruysici	Part II. Other significant conditions co	ntributing to death but not resulting In the underlying causa given in Part I. Aftering Difease	23b. Did tobecco uss cor 1 ☐ Yes 2 ☑ No	ntributs to the cause of death? 3 Probably 4 Unknown
o neighbor	Carcino Hypou	mag prostate	24e. Was an eutopsy performed?	24b. Were eutopsy findings available prior to completion of cause of deeth?
2	25. Wes case referred to medical exeminer?		h (Check only one)	
	1 Yes 24 No	Hospitel: 1 Dinpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Ho	me 5 Residence 8 Othe	er (Specify)
allon:	27. Menner of Deeth 1 ☑ Kleturel 5 ☐ Pending 2 ☐ Accident investigetion	28a. Dete of Injury (Month, Dey Year) 28b. Tima of Injury Injury M 28c. Injury et Work? 1 ☐ Yes 2 ☐ No	28d. Describe how Injury occurr	red
	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28a. Pleca of Injury - At homa, farm, street, fectory, offica building, etc. (Specify)	28f. Location (Straet end Numb City or Town, State)	er or Rurel Routa Number,

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) end menner steted.

29c. Licansa number

29d. Data signed (Month, Day, Year)

attending physician end for use es the buriel-transit Division of Vital Records, P.O. Box 68760, signed by certificate has After this funeral death. or Attend efter death Director: A 24 hour. Hospital 24 hours e To the I

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

29a. Certifie

(Check only

PATELMD 123 Singerly Ave, ELKTON, MD21921 32. Begistrer's Signeture

this other Raylall

Registrar

18,00

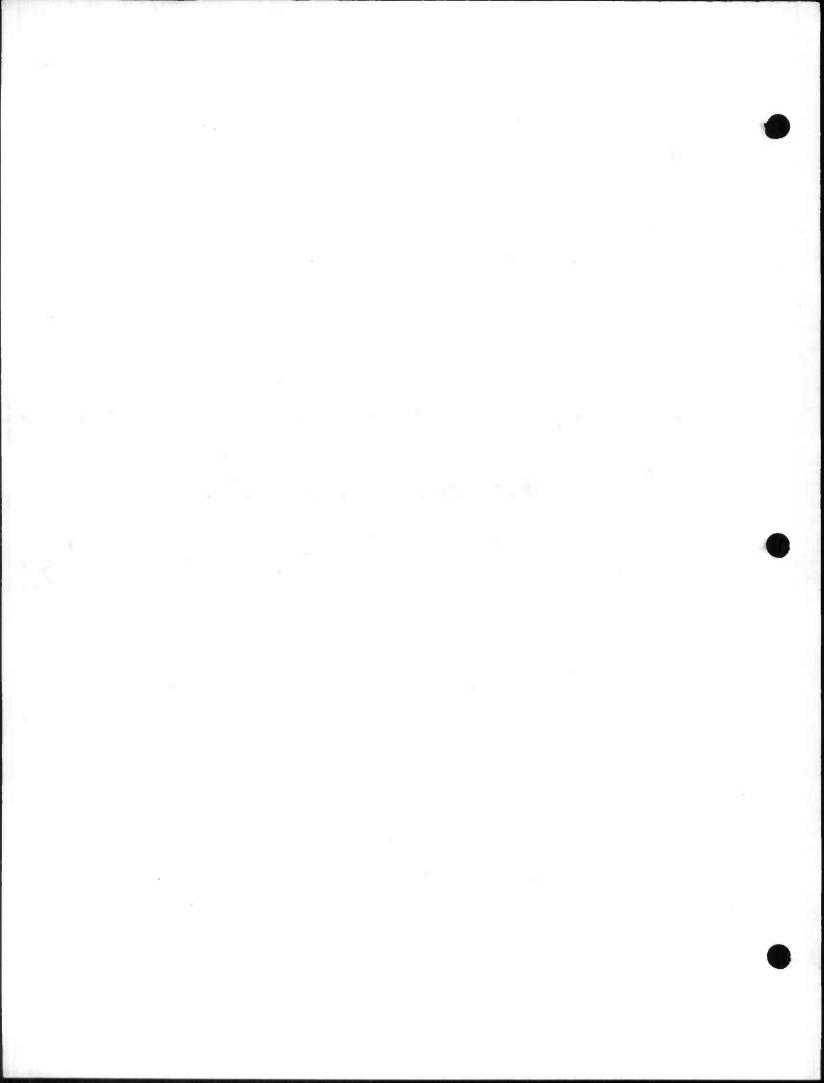
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CE	ERTIFICATE OF DEATH REG. NO.									
	t. DECEDENT'S NAME (First, M	Middle, Last)						2. DATE OF DEATH		3. TIME OF DEA	TH .			
	JAMES	NORM	IAN	NO	RRIS				1996 YE	9:47	7\ M			
	4. SOCIAL SECURITY NUMBER			AGE (In yrs. las		IF UNDER 1 YE	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPLACE (State or I	Foreign			
	213-22-0479		M 2 F	71	YRS.	MONTHS DA		Feb 18, 1	925 Ma	aryland	Oreign			
	90. FACILITY NAME (If not insti	itution, give street a	nd number)			9b. CITY, TO	N OR LOCATION OF D	EATH	9c. COUNTY					
یر ا	540 Indian B	Bridge F	Road			Cali	Tornia		St. Ma	arv's				
DIMECTOR	RESIDENCE OF DECE									_1 -				
<u> </u>		10b. COUNTY				, TOWN OR LO				10d. INSIDE CIT	Υ			
5	Maryland	St. Mar	y's		Cal	iforn	a		t ☐ YES 2 💢 NO					
	10e. STREET AND NUMBER						101. ZIP CODE 20619		OF WHAT COUNTRY?					
Ĭ I	540 Indian B	Bridge F	Road				U.S.	.A.						
FUNEHAL	11. MARITAL STATUS		WAS DECEDENT EV				or No- 14.	RACE — American inc	ilan,					
	1 Never Merried 2 🔀 M	TOTAL	FORCES? 1 🔯 1		10		, specify Cuben, Mexico YES 2 XNO Specific			Black, White, etc. Specify:	23.1			
'n	3 Wildowed 4 Divorce		World War					,		White	- 1			
	15. DECED	DENT'S EDUCATIO	N (atacl)	16e. DE	CEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDUST	RY				
i l	Elementary/Secondery (0-1)		llege (1-4 or 5 +)	life.	Do NOT us	e retired.)	must or working							
틸	10th Grade			F	armer			Farm						
COMPLEIED	17. FATNER'S NAME (First, Midd	dle, Last)						ME (First, Middle, Maiden						
	Elmer	A.	Norri	LS			Viole	Be	ean					
O BE	190. INFORMANT'S NAME (Typ)						n, State, Zip Coo							
=	Mary Evelyn	Norris		5	40 Ir	ndian I	20619							
	200. METHOD OF DISPOSITIO					F DISPOSITIO		DATE 20c, LO	CATION City	or Town, State				
	1 ☆ Buriel 2 ☐ Cremstion 4 ☐ Donetion 6 ☐ Other (S		rom State	HOLY cre	reatory or of Tace	Cemete	ery 7	/16/96 Gre	at Mil	Ls, MD				
	21. SIGNATUM OF FUNERAL	SERVICE LICENSE	E //					rdiner Fun						
	Fried	1 - 1	1/9	1	2									
4	or Inch	raect	1.5 Ja	win	ev			Leonardto			0650			
	23. PART Enter the disc ahock, pr hee	easea, or comp ert fallure, Liet	one cate one cate	used the de on each line	iath. Do n i.	of enfer the	mode of dying, suc	h as cardisc or respi	iratory srrest,	Approxir				
	IMMEDIATE CAUSE (Fine	H	()	-	9		+>11			Onset ar				
	diseese or condition regulting in death)	▶ a.	ME	4DU	rale	rus-	1310	W		da	X)			
	11.55		DUE TO OR	A CONSE	DUENCE OF): \//				1 (1			
z		6 b		ar.	X	VZ	nng			14%.				
2	Sequentially liet condition If any, leeding to immedi		DUE TO (OR	AS A CONSE	DUENCE OF	7):	1	-		()				
5	cause. Enter UNDERLYIN CAUSE (Disease or Injury													
	that initiated events		DUE TO (OR	AS A CONSE	DUENCE OF	7:								
CERTIFICATION	reauiting in deeth) LAST	d												
	PART II. Other significent	t conditions co	ntributing to dea	th but not r	reculting i	n the under	ving cause given in	Part I. 24e, WAS AN	AUTOPSV	24b. WERE AUTOPSY	FINDINGS			
DICAL		OD	PT) /	ر سا	e 11	3	PERFO	RMED?	AVAILABLE PRIOR	P TO			
			1	, A	2	2/12		1 TYES 2	XHO	OF DEATH?	3.005			
M		F 661			711 1/-				`	1 TES 2	NO I			
PHYSICIAN:	DID TOBACCO US		JIE IO CAUS					п 📗		Nul	7			
3	25. WAS CASE REFERRED TO EXAMINER?		SPITAL:	26. PLAC	E OF DEAT	H (Check only								
2	1 TYES 2 NO	1 🗆	Inpatient 2 ER	/Outpetlant 3	□ DOA	4 - Nursing	Home 5 Residence	6 Cher (Specify)						
E	27. MANNER OF DEATH		(Month, Day, Y	URY bar)	26b. TIM	URY	INJURY AT WORK?	28d. DEŞCRIBE NOW	NJURY OCCUR	ED				
À R	1 X Natural 5 Pe	ending rvestigation					YES 2 NO							
	0 0 0 1114	ould not be	28e. PLACE OF IN building, atc.	JURY - At he (Specify)	ma, farm, s	trest, fectory,	office	28f. LOCATION (Street City or Town, State)		Rural Route Number,				
ا چ			_		City or Town, State)									
		etermined				occurred at the time, data and place, end due to the ceuas(e) end menner as stated.								
PLEIED	4 Nomicide de	etermined	: To the best of my	knowledge, de	ath occurre	ed at the time,	data and place, end du-	to the ceuas(e) end me	nner as stated.					
JMPLEIED	4 Nomicide de	FYING PNYSICIAN	100					to the ceuss(e) end me		ouas(e) and menner se	stated.			
COMPLEIED	4 Nomicide de 29a. CERTIFIER (Check only one) 2 MEDIC	FYING PNYSICIAN EXAMINER: Or	100				on, death occured at the	time, date end place, er	nd due to the co					
出	4 Nomicide de	FYING PNYSICIAN EXAMINER: Or	100					time, date end place, er	nd due to the co	GNED (Month, Day, Yea				
	4 Nomicide de 29a. CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE	FYING PNYSICIAN EXAMINER: Or DEFERTIFIER	the property of short	netton unity	Investigation	n, In my opini	on, death occured at the	time, date end place, er	nd due to the co					
出	4 Nomicide de 29a. CERTIFIER (Check only one) 2 MEDIC	PERSON WNO CO	the 553 of omi	netton unity	Investigation	n, In my opini	on, death occured at the	time, date and place, or	29d. DATE SI					
出	4 Nomicide 29s. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF J. Patrick	PERSON WNO CO	MPLETED CHISE C	OF DEATH (ITE	M 27) (Type,	n, In my opinion	on, death occured at the	time, date and place, or	nd due to the co					
出	4 Nomicide de 29s. CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE 2 30. NAME AND ADDRESS OF	PERSON WNO CO	MPLETED CHISE C	netton unity	M 27) (Type,	n, In my opinion	on, death occured at the	time, date and place, or	29d. DATE SI					



State of Maryland / Department of Health and Mental Hygiene 9 6 2 1 9 6 2

				Ce	ertificate o	f Death	F	leg. No.	2130	4	
Physician /Medical Examinei		1. Decedent's Neme (First, Middle, Las		O'Hagan			2. Dete of Deeth Month July 7, 1996		of Deeth		
		Mary 4e. Facility Neme (If not Institution, give street end number) Laurel Regional Hospital					Location of Deeth	4c. County			
Funeral Director		Social Security Number 6. S		7. Age (In yrs. lest birthday) If Un		er If Under 24 Hrs S Hours Min	8. Date of Birth (Month, Dey November		9. Birthplece (Stete of Country) Washington,		
ef ahow	tor	10e. Stete Maryland Prince Ge		10c. City, Town or L College 1					10d. inside C		
3a or 28 stbe not	al Director	10e. Street end Number 9501 50th Place	1		10f. Zip Code 2074	o	1	Og. Citizen of V United	Whet Country? States		
, a	by Funeral	11. Maritel Stetus 1 Never Merried XXMerried 3 Widowed 4 Divorced	12. Wes Decedent Ev Armed Forces? 1 Yes XX No If Yes, Give Yeer or Detes:	ver in U,S. 13.	13. Wes Decedent of Hispanic Origin? (Specify Yes or I if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes XX No Specify: a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) HOMEMAKET			Blec	e - American Indien, k, White, etc. : White		
iena. than "natur the Medical	Completed	15. Decedent's Edi (Specify only highest gred Elementery/Secondery (0-12)	ucation le completed) College (1-4or 5+)	(Give				16b. Kind of Business/Industry Own home			
ental Hygie ked other ti c event, th	To Be Co	17. Fether's Neme (First, Middle, Last) David B. Loga	n	HOIN	emaker		me (First, Middle, S. Fran	Maiden Surnam			
Health end Mental Health 27 Is marked of other traumatic event		19e. Informent's Neme/Relationship (T. Marie Thornton (daughter)			et and Number or R ark Drive				1	
ment of He ant: if Item ury or oth		20e. Method of Disposition XXBuriei 2 Cremetion 3 Remove from Stete 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20b. Place of Disposition (Name of cemetery, cremetory or other place) 7/11/1996 5ilver Spring, 20b. Place of Disposition (Name of cemetery) 7/11/1996 5ilver Spring, 20b. Place of Disposition (Name of cemetery) 7/11/1996 5ilver Spring, 20b. Place of Disposition (Name of cemetery) 7/11/1996 5ilver Spring, 20b. Place of Disposition (Name of cemetery) 7/11/1996 7/11/19									
Department of Important: If any injury or office.		21. Signature of Funeral Service, Licensee 22. Neme and Address of Fecility Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Md. 20705									
nysician Medical xaminer	Jer	23e. Pert1. Enter the disease, or comp shock, or heert feilure. List only of immediate Cause (Finel disease or condition resulting in deeth)	· Sn		well C	Votien			intervei Bet Onset end l	Deeth	
	dical Examiner										
e attending p of for use as	Physician/Medical		d								
ed by the a deteched f		Pert II. Other significant conditions co	ntributing to death but not resulting in the underlying cause given in Pert i.				23b. Did to	_/	stribute to the cause of 3 Probably 4	of deat	
s been signed 2 should be de	Completed by						24a. Was a perfor		24b. Were autopsy to evellable prior to completion of deeth?	to	
certificate hes rector, page 2	e Com	25. Wes case referred to medical					1 🗆 Y		1 Yes 2] No	
0 0	ToB	examiner?	Hospitel: _/ Other:				r Deeth (Check only one) Ing Home 5 ☐ Residence 6 ☐ Other (Specify)				
octor: After thi by the funeral		27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be						ed			
urs after death									er or Rural Route Nurr	nber,	
within 24 hours af To the Funeral DI completely filled in	edicai	29a. Certifier (Check only one) 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and menner as stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause end menner steted.									
Tot		29b. Signeture end title of certifier	_		29c. License number 036716			29d. Dete signed (Month, Day, Year)			
1		30. Neme and address of person who co	ompleted cause of dee	th (item 23e) (Type,	, Print)	E LAC					

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First Middle | ast) 2. Data of Daath 3. Tima of Death **Physician** July 11, Day 1996 Yaar KATHRYN LOUTSE O'TOOLE 11:10 A.M /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. Cify, Town, or Location of Death 4c. County of Death Examiner Larkin Chase Nursing & Restorative Center Bowie Prince George's If Under 24 Hrs. 8. Data of Birth Min. (Month, Day, Year) Jan. 2, 1911 If Undar 1 Yaar 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foreign **Funeral** 1 M 2 X F Days 85 Director 526-01-8487 Arizona Usual Rasidanca of Dacedani with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yas 2 ☑ No Prince George's Director Maryland Bowie 10e. Street and Numbe 10f. Zip Coda 10g. Citizan of What Country? 8600 Tabb Court 20720 United States deeth Was Decedant of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 12. Was Decedant Evar in U.S. filed within 72 hours after 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Nevar Married 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yas 2√☐ No Specify: à White 3 ☐ Widowed 4 ☑ Divorced Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry permit. Peges 1 and 2 should be filed within 7; Department of Health and Mentel Hyglene. Important: If item 27 is marked other than "na any Injury or other traumatic event, the Media once. Collega (1-4or 5+) Elamantary/Secondary (0-12) Secretary Wholesale Grocery 17 Fathar's Nama /First Middle Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Harvey Alfred Frederick Severinghaus Louise Weber 19a. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Julia K. Jackson 8600 Tabb Court, Bowie, Maryland 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 7-12-96 Beltsville, MD Chesapeake Crematory Rapp Funeral Services, P.A. 21. Signature of Funaral Sarvice Licensas Silver Spring, MD 933 Gist Ave. 23a. Part1. Entar tha disaasa, or complications that caused tha death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. Approximata Intarval Between Onset and Death **Physician** /Medical Immadiata Causa (Final disaasa or condition rasulting in daath) Carcinoma o Examiner Dua to (or as a consequance of) Examiner Obstrucy ettending physician and I for use es the burial-transit Sequentially list conditions, if any, laading to Immadiata causa. Entar Undarlying Cause (Diseasa or Injury that Initiated avants rasulting in death) Last Dua to (or as a consequance of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) ed by the et detached fo Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 XNo 3 Probably 4 Unknown Disense 2 24b. Wara autopsy findings available prior to completion of cause of death? should 24a. Was an autopsy performed? Completed has certificate 1 Yas 2XXNo 1 ☐ Yas 2 ♥ No Be 25. Was casa ratarred to medical 26. Place of Death (Check only ona) axaminar? Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 D Nursing Homa 5 Residence 8 Othar (Specify) 2 this To the Hospital or Attending Phy within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral of 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 1 SNatural 2 Accidant 5 Panding invastigation 1 Yas 2 No 6 Could not be 3 Suicida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Piaca of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 ☐ Homicida Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar statad. 29a. Cartifiar Medical 29b, Signature and litia of cartifiar 29c. Licanse number 29d. Data signed (Month, Day, Year) July 11, 1996 D12015 nees 30. Name and addrass of person who completed cause of death () on 23a) (Type, Print) Lows E. Steinberg, MD 6492 Landover Rd. Landover, MD 20785 31. Data tiled (Month, Day, Yaar)
JUL 1 2 1996 32. Registrar's Signatura State kha Davidson Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 96

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							Certi	ficate of	Death		Reg. No.			
Dhu	alaia.	_	1. Decedent's Neme (First, Middle	, Last)						2. Dete of De		Yeer	3. Time of De	ath
_	siciar edica	1	Jerry H. Opack							July		1001	10:30ar	m
Exa	ımine	r	4e. Fecility Name (If not Institution	give street end nu	m <i>ber)</i>				4b. City, Town, or	Location of Deet	h 4c. County	of Deeth		
			8708 Yarmouth C						Potomac			gomer	-	
Fune Direc			5. Sociel Security Number 578–44–3910	6. Sex 1 ☑ M 2 ☐ F	7. Age (In yn		11.003/	If Under 1 Yea Months Deys		8. Dete of Bi (Month, Di Sept.	Year) 1935	9. Birthp Coun Wash	place (State or Fo	preign DC
pu a		+	Usuel Residence of Decedent 10a. Stete 10b. County		10c. C	City, Town	n or Local	ion				1	Od. Inside City L	imite
Aanyt f sho	2	5	MD Montq	omerv		toma							1 ⊠ Yes 2 [
with the P	Direct	10a. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20054 Instead States												
G Z1Z15-UUZU (Illed within 72 hours after death with the Marylend Hygiene. Hydien than "naturel", or items 23s or 28s-1 show mit it in Marical Expression in the market and a second control or items.	hy Funeral	2	11. Maritel Stetus 1 Never Merried 2 Marrie 3 Widowed 4 Divorced	Armed For ed 1 Stryes If Yes, Gir	12. Wes Decedent Ever In U.S. Armed Forces? 1 Egives 2 □ No If Yes, Give Yeer or Detes:		13. Wes Decedent of Hispanic Origin? (Sprif Yes, specify Cuben, Mexican, Puerto 1 □ Yes 2 ☒No Specify:		Specify Yes or Norto Rican, etc.)					
5-0 72 ho	1 3	3	15. Decedent' (Specify only highes	s Education		16e.	Deceden (Give klo	t's Usuel Occu	upation	ntha	16b. Kind of B	usiness/inc	dustry	
Z midi	Completed	2	Elementery/Secondery (0-12)		ege (1-4or 5+)		(Give kind of work done during most of work life. DO NOT use retired)							
nd 2127 se filed within al Hygiena.		5		7		At	torr	ey	- ₁		Legal			
aryland should be filed and Mental Hyg	å	0	17. Fether's Neme (First, Middle, L Theodore Opack	ast)				18. Mother's Neme (First, Mic Sadye Furr			ddle, Meiden Surname)			
re, Marylar 1 and 2 should be Haatth end Menta em 27 is marked on			19e. informant's Neme/Rejetionsh Larry Opack/Son				•	h Ct., Po				Code)	h	
Baltimore, Maryland 21215-0020 pemit. Pages t and 2 should be filed within 72 hours at Department of Haatih end Mental Hygiena. Important: If them 27 is marked other than "naturel", or any injury or other traumatic awant the second as a not injury or other traumatic awant.			20a. Method of Disposition 1 Burial 2 □ Cremetion 4 □ Donetion 5 □ Other (Sp		State	cemeter	y, cremat	on (Neme of ory or other pl morial	Gardens	Dete 7/7/96	20c. Location ·		wn, Stete	
Dearth. Departminents	Suce	-	21. Signeture of Funerel Service Lucesses 22. Neme end Address of Fecility Edward Sage1 Fune							ral Dire	ction			
		+	23a. Pert1. Enter the disease, or a shock, or heart feilure. List of	complications that o	aucad the de-	oth Dog	109	1 Rock	ville Pil	ke, Rock	ville M	D 208	52 Approximete	
Physicia /Medic Examin	eal ner		Immediete Cause (Finel diseese or condition resulting in death)	. 62		(or es a c		nca of):	ž.				Onset and Deer	CS
J, executed in and iel-transi	Examiner		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b	b. — Due to (or es e consequence of):									
X OC/OU, stilicate be executed ing physicien and e as the burlet-fransit	Medical	2000	Cause (Disease or injury thet initieted events resulting in deeth) Lest	c	Due to (or es e consequence of):									
eath certi	Jue /		`	d										
the death by the etter	Physician/		Pert ii. Other significant condition	s contributing to de	eth but not re	sulting in	the unde	riying cause g	iven in Pert I.	23b. Dld	tobacco use co	vitributa to	the cause of de	eath?
es thet the igned by the be detache	by Phy									10	Yes 2KNo	3 ☐ Prot	bebly 4 ☐ Uni	(now
requir reading	Completed									24a. Wes	en eutopsy ormed?	col	ere autopsy findi elleble prior to impletion of causi death?	
The i	Ö									10	Yes 2 KNo	10	☐Yes 2☐No	
sicien: The law certificate has birector, page 2 s	Be		25. Wes case referred to medical						26. Plece of De	eth (Check only	one)			
Physicien: this certific ral director,	To		exeminer? 1 ☐ Yes 2 KNo	Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 KResidence 6 Other (Specify)										
Attending Physic description of the color: After this by the funeral di	ation:		27. Menner of Deeth 1 Neturei 5 □ Pending 2 □ Accident Investige	(Mont	28a. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. injury et Work?			ury et ork?	28d. Describe how injury occurred					
or Attending at or Attending a ster deeth. I Director: After in by the fune	Certification:		3 ☐ Sulcide 6 ☐ Could no determine	ed 28e. Piece	28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)			28f. Location (Street end Number or Rural Route Number, City or Town, Stete)						
To the Hospital or Attending Physicien: within 24 hours after deeth. To the Funeral Director: After this certific completaly filled in by the funeral director.	edicai C		29e. Certifier (Check only one) 1 Certifying 2 Medical E	xaminer: On the ba	best of my kn asis of examin ner steted.	owledge, letion end	, deeth oo Vor Inves	curred et the t tigetion, in my	time, dete end plec opinion, deeth occ	a, and due to the urred et the time,	cause(s) end me dete end pieca,	enner as st and due to	teted. the cause(s)	
To the within To the	Z.	•	29b. Signeture and title of cartifier	TI 2	Mes.	1	m	1150	7568		Pad. Dete signe	-	1991	
8			30. Name and address of person w	ho completed cause	e of deeth (its	m 23e) (Type, Pri	Will/V	(300	Bethe	K. Mar	ylas	w, 208	16
	State		31. Dete filed (Month, Dey, Year)		egistrer's Sign		7							_

DHMH 16 Rev 6/95

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Registrar

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State of Maryland / Department of Health and Mental Hygiene 0 6

Total Facilities Total County Total Facilities Total Facilitie					Certificate of Death	Reg. No.							
Examiner Secretary Name (Prince) Name (Pr					ens	Month Day Year							
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16. Decadents Education 16. Decadents Usual Occupation 16. Nind of Business/industry 1	020	urs after af, or its	by		J.S. 13. Was Decedent of Hispanic Origin if Yas, specify Cuban, Maxicen, Pt 1 ☐ Yas 2√√No Specify:	? (Specify Yas or No- uarto Ricen, atc.) 14. Race - Amarican Indian, Black, Whita, atc.							
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Physician / Medical Examiner Physician / Medical Examiner Physician / Medical Examiner Physician / Medical Examiner Personal of the part of the pa	timor	O-11 = 0		4 Donation 5 Othar (Spacify) Cokesbury Cemetery 7/13/96 Port Depo									
Medical Examiner	Bal	Departiment of the particular		Lee A. Patterson & Son Funeral Home									
Due to (or es a consequence of): Composition Composit		/Medical		Immadiata Causa (Final disaasa or condition	th. Do not antar tha moda of dying, such as cer brel bleeorh	diac or respiratory arrest, Approximate Interval Between Onset and Death							
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The Large symbol of the Linear symbol of and the of and the control of]	the Hospital hin 24 hours the Funeral npletely filled		one) 2 Medical Examiner: On the besis of examine and manner stated.	tion and/or invastigation, in my opinion, death o	ccurred at tha tima, data end placa, and dua to tha ceuse(s)							

State Registrar

30. Nama and address of parson who completed caused daath (Itam 23a) (Type, Print)

Brian T. Yeo, M.D., 801 South Union Avenue, Havre de Grace, Maryland 21078

D15152

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** July Dey 1996 12:30P.M. 3, Κ. Rushia Owens /Medical 4b. City, Town, or Location of Daath 4e. Facility Nama (If not institution, give street and number) 4c. County of Deeth Examiner Beltsville Prince George's 11417 Allview Drive If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (Steta or Foreign Country) 8. Dete of Birth (Month, Day **Funeral** Deys Months Hours 1 M XXF 96 Yrs 214-34-7047 Director Virginia 1900 Usuei Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location Beltsville 10d, inside City Limits permit. Peges 1 and 2 should be filed within 72 hours eiter deeth with the Marylan Department of Haelith and Mental Hygiane.
Timportant: If them 27 is marked other than "natural; or items 23a or 28a-f show any injury or other traumatic event, its Maries Examines mast be notified at Maryland Prince George's 1 ☐ Yes 2 🛛 🗸 🗸 Vo Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 11417 Allview Drive 20705 United States Funeral 12. Was Decedant Evar In U.S. Armed Forcas? Rece - Amarican Indian, Biack, White, atc. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 1 Naver Married 2 Married 1 ☐ Yas XIX No Baltimore, Maryland 21215-0020 1 ☐ Yes YX No Specify: þ White ₩Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry Elemantary/Secondery (0-12) Coilaga (1-4or 5+) Statistician U.S. Government 12 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middla, Meiden Sumama) Be Hector Keener unknown 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Coda) Barbara V. Lagle (Daughter) 20b. Plece of Disposition (Name of cematery, cremetory or other place) 20e. Method of Disposition The control of the c Deta 20c. Location - City or Town, Stete George Washington Cemetery 7/8/1996 tion 5 Other (Specify) Adelphi, Maryland 21. Signature of Funeral Service(Lide 22. Name end Address of Fecility
Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Rd. Beltsville, Maryland 20705 23a. Part 1. Entar the disaese, or complications that caused the deeth. Do not enter tha mode of dying, such as cardiac or raspiratory arrest, shock, or heart feiture. List only one ceuse or section. Approximata Interval Batween Onset and Death **Physician** immediate Cause (Final diseasa or condition resulting in death) /Medical MUSCLOMUSIS **Examiner** attending physician and I for use as the bunel-transit requires that the death certificete be executed Sequentielly list conditions, If eny, leading to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Records, P.O. Box 68760, Physician/Medical Due to (or es e consequance of): signed by the a 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to daeth but not resulting in the underlying cause given in Pert t. 1 Y88 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveliable prior to completion of cause of death? Completed 24a. Was an autopsy peed performed? page 2 certificate hes 2 13 No 1 Yas 200 No 1 Yes Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completaly filled in by the funeral director, 25. Was case rafarred to medical exeminer? Be 28. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA P 1 Yas 2 No Medical Certification: 27. Menner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Dascribe how injury occurred 5 Panding investigation 1 Naturei Injury 1 ☐ Yes 2 Accident 6 Couid not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowledga, daeth occurred et the time, dete end piece, and due to the cause(s) end menner as steted.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, data end piace, and due to the cause(s) and menner steted. 29a, Cartifier (Check only one) 29b. Signetura and titia of certifie 29d. Dete signed (Month, Day, Year) 29c. Licansa number July 3, 1996 30. Name end eddrass of person who completed cause of daeth (item 23e) (Type, Print) Neil A. Meade, M.D. 9811 Mallard Drive Laurel, Maryland

DHMH 16 Ray 6/95

State

Registrar

31. Deta filed (Month, Dey, Yaar)

JUL 1 0 1996

32. Registrer's Signetura

ha Davidson Bonde

State of Maryland / Department of Health and Mental Hygiene 21967 Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth 3. Time of Death **Physician** IRMGARD ANNA PATZIG JULY 09 6:20 am /Medical 4a. Facility Name (If not institution, give street and number)
BEL FOREST NURSING AND REHABILITATION 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HARFORD FOREST HILL 109 FOREST VALLEY DRIVE 5. Sociel Security Number 7. Age (In yrs. last birthday) Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) Birthplace (Stete or Foreign Country) **Funeral** Months 1 M 2 XF Deys Hours 579-38-8661 Director 93 June 4, 1903 Germany Usual Residence of Decedent 10b. County 10c City Town or Location r is marked other than "natural", or itams 23a or 28a-f show traumatic event, the Madical Examinat invat be notified at 10d. Inside City Limits Director Maryland Harford 1 ☐ Yes 2 XNo Bel Air 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 308 Lakeside Dr. 21015 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No 11. Marital Status Was Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: If Yes, Give Year or Dates: Àq 3 ₩ Widowed 4 Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 10 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Hermann (mmn) Nestmann Meta (mmn) Weissbach 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Edith K. Neeper - Daughter 308 Lakeside Dr., Bel Air, Md. 21015 20b. Pieca of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stete 1 [] Buriel ò 3.5 7-10-96 W. Chester, Pa. 4 Ti Don 5 Other (So R. A. Ferris & Co. 22. Name end Address of Fecility Howard K. McComas III Funeral Home, P.A. 50 W. Broadway St., Bel Air, Md. 21014 Approximate Interval Between Onset end Deeth Do not enter the mode of dying, such as cardiac or respiretory arrest, **Physician** Immediete Ceuse (Finel diseese or condition resulting in death) /Medical Aprile Stenosis Two years Examiner Due to (or as a consequence of) Examiner To the Hospital or Attending Physician: The law requires thet the death certificate be executed within 24 hours effect death.

To the Funeral Director: After this certificate has been signed by the ettending physician encompletely filled in by the funeral director, page 2 should be detached for use as the buriel-transit physician end the buriel-transit Sequentielly list conditions, if any, leeding to Immediete cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting In deeth) Lest Due to (or as a consequence of) Physician/Medical Due to (or es e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Dement Completed by 24b. Were eutopsy findings availeble prior to completion of cause of deeth? 24e. Wes en autopsy performed? pege 2 1 ☐ Yes 2 ☐ No 1 Yes 2NNo Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To 1 Yes 2 No Other: 41/2 Nursing Home 5 Residence 6 Other (Specify) 28e. Date of Injury (Month, Dey Year) 27. Menner of Deeth 28h Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Netural 5 Pending Investigation 1 Tyes 2 □ No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 - Homicide 156 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es ateted.

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end manner stated. edicai 29a. Certifier (Check only one) 29c. License number 29b. Signeture end title of certifier 29d. Date signed (Month, Day, Year) d35522 July 9, 1996. 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) North Avenue Bel Air Maryland 21014

State Registrar

1 1 1996

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31. Date filed (Month, Dey, Year)

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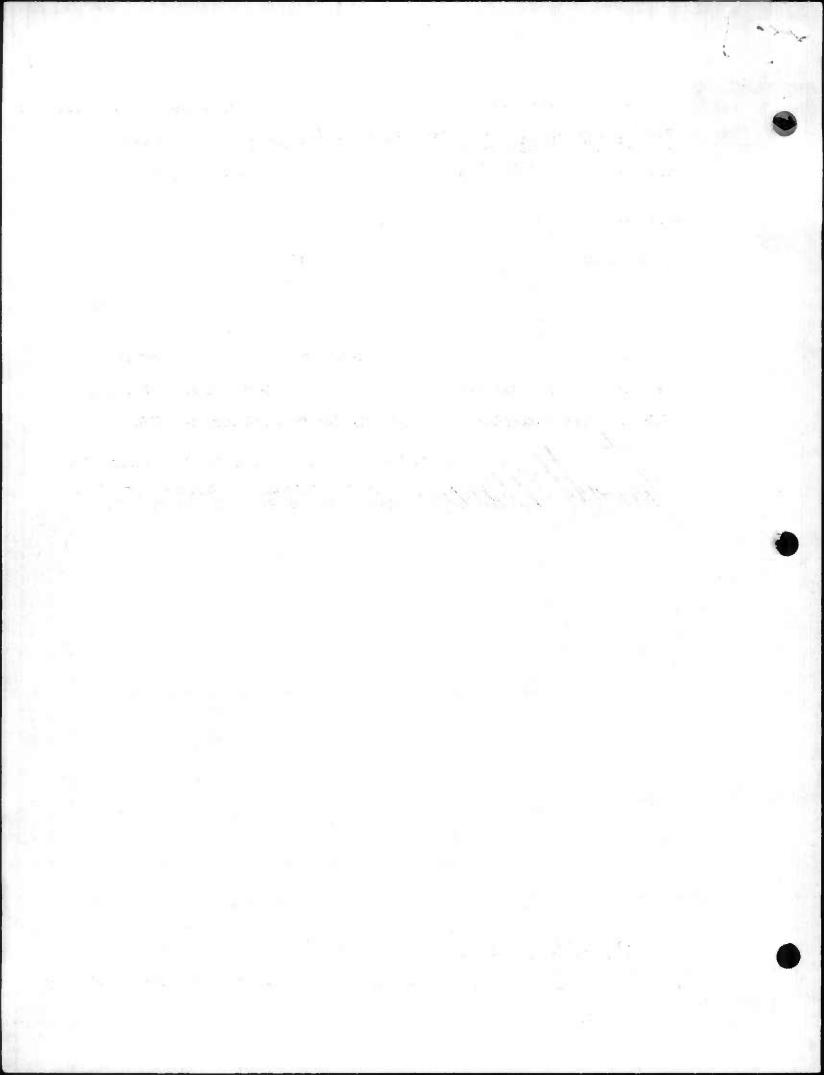
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permit. Pages 1 and 2 should be filled Department of Health and Mentel Hygin Important: If Hem 27 is marked other

Battimore, Maryland 21215-0020

Box 68760.

Division of Vital Records, P.O.

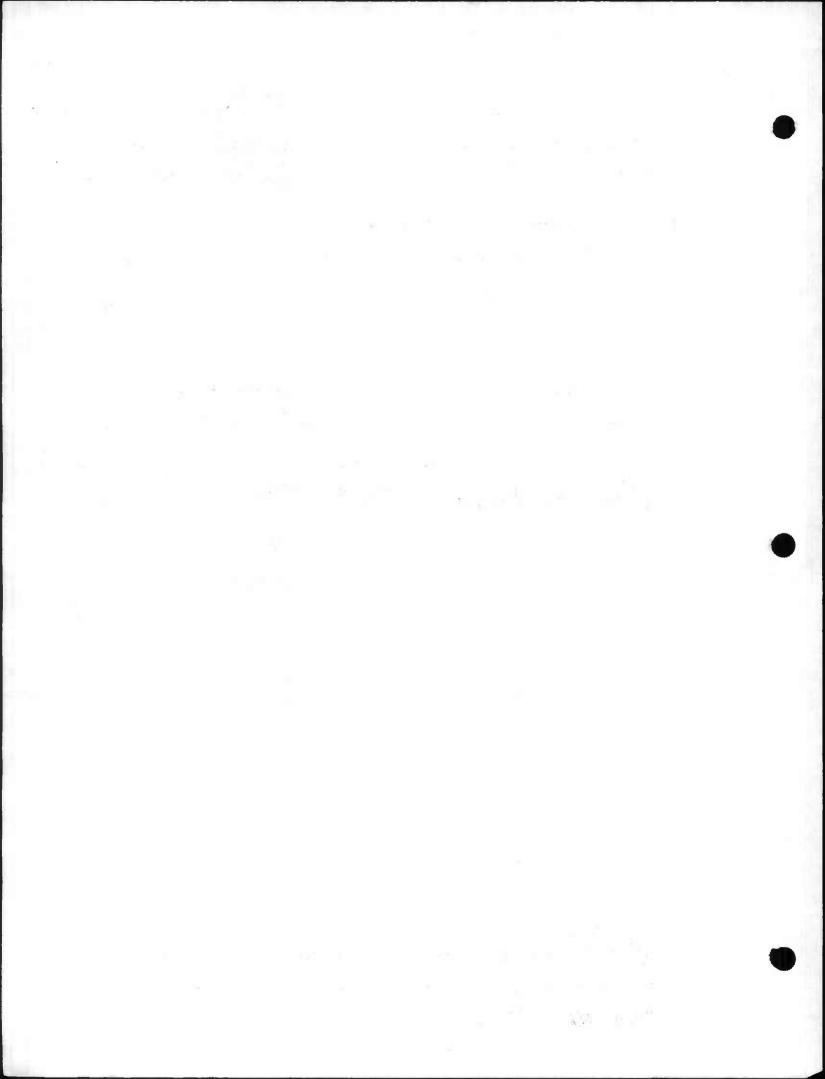


State Registrar

	REGISTRAR 1. DECEDENT'S NAME (First, I	Middle Is-					OF DEAT		REG. N	0.		When you
	SHANN	ON	GABRIE	-	PONE	-		Ju	ATE OF DEATH	1.77	YEAR 3.	9:00
	4. SOCIAL SECURITY NUMBE 214-37-5117		5. 9EX 1 M 2 🔽	F	3 YRS.	MONTHS	DAYS HOURS	MIN. Ser	TE OF BIRTH Conth, Day, Year)	992 M	Country)	
OR	Mt. Washing				ospital		own or Locatio			9c. COUNT	Y OF DEAT	н
DIRECTOR	RESIDENCE OF DECE	10b. COUN				10c. CITY, TOWN OR LOCATION					10	d. INSIDE CITY
	Maryland 100. STREET AND NUMBER	Mon	tgomery			Kensington					_	LIMITS?
RA	3121 Univers	itv	Boulevar	ed We	et Unit	- 2	10f. ZIP CODE 20895					T COUNTRY?
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_	17. FATHER'S NAME (First, Mid	idle, Last)		- 10	110110				st, Middle, Maide	en Sumame)		
BE	Unknown 190. INFORMANT'S NAME (Typ.	pe/Print)										
10	Arlette D.	Arlette D. Poney 19b. MAILING ADDRESS (Street and Number or Rural Roune Number, City or Town 3121 University Boulevard, West	t Unit	ngton	,MD 208							
	20g, METHOD OF DISPOSITION	1 3 🗆 Re	emoval from State	Ce	bb. PLACE AND DATE	e OF DISPOSITI	ION (Name of	0	ATE 20c. I	LOCATION — CI	ty or Town,	State
	4 Donetton 6 Other (Specify) Gate of Heaven Cemetery 7/9/96 Silver Spring, Mary 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis I Collins Funeral Home Trace											
	Francis J. Collins Funeral Home, Inc. 500 University Blvd., W. Sil.Spr., MD 20									Tno		
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State of Maryland / Department of Health and Mental Hygiene 96

						Cer	tificate o	f Death		Reg. No.		
П	S 1		1. Decedant's Nama (First, Middla, L	ast)					2. Data of D		Vace	3. Tima of Death
	Physic /Modi		Jane	H. Potte:	r				July 4	1. 1996	Yaar	7:00 AM
	/Medi Examii		4a. Facility Nama (If not institution, gi	iva street and number	r)			4b. City, Town,	or Location of Dea		y of Death	
- 60	Exami	101	4800 Chevy Chase					Chevy (Chase	Mont	tgome	rv
	Funeral				Aga (In vrs. la	st birthday)	If Undar 1 Yas		Hrs. 8. Data of B	irth	1	placa (Stata or Foraig
п	Director			1□M 2X)F	75	Yrs.	Months Day	rs Hours N	feb. 2	Pay, Year) 21. 1921	T 1 1	in(ny) inois
			Usual Rasidance of Dacedant		, 0				100. 2	-1, 1021	1.4.4	.11013
	dano		10a. Stata 10b. County		10c. City,	Town or Loc	cation					10d. Inside City Limits
	Me -	jo	Maryland Montgom	nerv	Che	vy Cha	ase					1 Tas 2 No
	28s	9	10e. Street and Numbar	, ,		.,	10f. Zip Code			10g. Citizen of	Whet Cou	intry?
	72 hours efter death with the Meryland natural; or items 23s or 28s-f show dies! Examinet must be notified at	Funeral Director	4800 Chevy Chase	Drive #	206		2083					
	eath m 23	era	11. Marital Status	12. Was Dacedan		12 V			/Specify Vec or h	United		CES Ican indian,
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8	"natural",	Completed by		Yaar or Datas		10- D	11 - 11 - 1 - 1 - 1			405 40-4-40		
5	d within 72 ho piene. r than "natul ne Modes	lete	15. Decedant's E (Specify only highast gi	rada complated)		(Giva I	ant's Usual Occ	na during most of	working	16b. Kind of B	usinass/ir	idustry
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Ĕ	る重るる	Be	17. Father's Nama (First, Middla, Las	-					Nama (First, Middl		na)	
7	should be and Mental I marked of umatic eve	2	Earl D. Huntingt						Ellen Po			
Maryland 21215-0020	200		19a, Informant's Name/Ralationship						Rural Routa Num			
-	Health Health om 27		L. Dalton Potter					n Drive,	Rockvil	le, MD	2085	0
Ore			20a. Mathod of Disposition 1 ☐ Buriai 2 ☐XCramation 3 [Demousel from Stat	cer	ce of Dispos natary, cram	sition (Nama of atory or other p	olace)	Data	20c. Location	- City or T	own, Stata
Baltimore,	permit. Peges 1 end Department of Healti Important: if Item 27 any Injury or other 1 once.		4 Donation 5 Other (Spec			esapea	ke Crem	natorv	7-5-96	Beltsvi	ille.	Maryland
alt	Party Party		21. Signature of Funaral Sarvice Lice	ensee		22.	Nama and Add	trass of Facility				
\mathbf{m}	Depariment of the pariment of		leen L	1. Ra	RP	Ra	pp Fune	eral Serv	vices, P.	Α.		
			23a. Part1. Entar tha disaasa, or cor	noiications that cause	ed the death.				Silver S		MD 20	Approximata
	D1 1.1.		shock, or haart failura. List only	y ona causa on aach	lina.			,	,			Intarval Between Onsat and Death
0	Physician /Medical		Immediata Causa (Final]	
	Examiner		disaasa or condition rasulting in death)	a. Cancer	r of l	ung wi	th meta	stasis				9 months
		7				as a consequ	uanca of):				1	
	led nsit	듣		Tobaco	co abu	se						
_	eeth certificate be executed ettending physician and for use es the buriel-transit	Examiner	Sequantially list conditions, if any, laading to immadiata cause. Enter UndartyIng		Dua to (or a	as a consequ	uance of):					
68760,	be e ician burie		Cause (Disaase or Injury	c							i	
387	phys the	/Medical	that initiated avants rasuiting in daath) Last		Dua to (or a	is a consequ	ianca of):				į	
×	ding	Me	L	d								
Bo	deeth o	Physician										
	that the de led by the e detached f	ysic	Part II. Other significant conditions	contributing to death	but not rasult	ing In tha un	darlying causa	givan in Part I.	23b. Die	d tobacco use co	ontributs 1	to the cause of death
0.0	that the ed by detac		Chronic Obstruct	ive Pulmor	narv D	isease	of 20+	- Vears	17	Yes 2 No	3 Pro	obably 4 Unknow
Ś	S P S	by	-11201120 00002000	140 1 0111101	icity D.	130030	OI LO	ycuis			1	
Record	v require been si	ted	Hypothyroidism						24a. Wa	s an autopsy formed?	8'	Vara autopsy findings vallabla prior to
S	2 S S	pie	, p v v, j = v = u = v						_		0	omplation of cause f death?
ď	0 5 %	Completed							10	Yas 2 No	1	□ Yas 20X No
Vital		Be C	25. Was casa raferrad to medical					26. Piaca of	Daath (Check only			
>		To B	axaminar? 1 ☐ Yas 2 ☐ No	Hospital:	tient 2 E	R/Outpatient	3 DOA	Whor	g Homa 5 🔀 Ras		ner /Sner	(64)
of			27. Mannar of Death	28a. Data of In	jury 2	8b. Tima of	28c. In			how Injury occur		*97
9	Attending I r death. ector: After by the funer	tlo	1/CNaturai 5 ☐ Panding 2 ☐ Accident invastigation	(Month, D	ay Year)	injury		/ork? □Yas 2□No				
S	or Attendent efter deat Director: Jin by the	fica	3 Sulcida 6 Could not i	00 000 0100	niury - At hom	a. farm. stre	at, factory, offic	:e	28f. Location	(Street and Num	ber or Rui	ra! Routa Number,
Division	Oire Dire	Certification:	4 Homicida	building, a	atc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or To	own, Stata)		
П	Hospital 24 hours Funeral stely filled		29a. Certifiar 1 Certifying P	hyalclan: To tha bes	t of my knowl	adoa daath	occurred at the	time date and ni	ace, and due to the	n bne (s)eauso	annar ac	etatod
	To the Hospital or Attent within 24 hours eftar deat To the Funeral Director: completely filled in by the	edical	(Check only 2 Medical Exa	miner: On the basis	of axaminatio	n and/or inv	astigation, in my	y opinion, daath o	ccurred at the time	, data and piace,	and dua	to the causa(s)
	To the within 2 To the comple	M	29b. Signature/and tips/dicertifiar	and manifel a		7	29c. Lica	nsa number	1	29d. Data signe	ed (Month	, Day, Year)
)-3F8		N////		11/1/	/						
7		r	10.1.010	10 bear	11.10			8112		July 5,	, таа	0
	5		30. Name and addrass of person who				•					
							.cut Ave	enue, NW	, Washing	ton, DC	200	008-4318
	Sta	_	31. Data filed (Month, Day, Year)		trar's Signatu							
	Registr	ar	JUL 0 8 1996	Juna Mar	ridon A	endelle						



BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL	

ath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the filled in by the detacled for use as the burial-transit permit. Pages 1, 2, 3 should	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1 them 28 is marked or Hem 23 shows any latery or other transmission was much he medical examiner must be notified at once
after death	y the fune	metral	cal aran
1 24 hours	y filled in t	ation, or rel	the med
cuted within	d completel	urial, crema	lic avent
cate be exe	ohysician an	e prior to b	er frauma
YSICIAN: The law requires that the death certif	e attending	ental Hygier	die or oth
that the	ned by the	Ith and M	any Inie
aw require	s been sig	ept, of Hea	3 chows
AN: The	rtificate ha	e State De	or Ham 2
ING PHYSI(After this ce	leath with t	marked
A ATTEND	RECTOR: A	us after d	m 28 le
PITAL OF	HE FUNERAL DIRECTOR	in 72 hou	T. If He
THE HOSPITA	THE FUN	e filed within 72 hours after death with	APORTAN

									96	2197	11
	FOR STATE REGISTRAR	STATE OF MAR				HEALTH AND F DEATH	MENTAL HYGIEI REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY		3. TIME OF CEATH	
	William	Calvin		P	otter			1996	YEAR	9:20	AM
	4. SOCIAL SECURITY NUMBER	5. 5EX 6. /	AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Fore	
	219-12-3201	1 🔀 M 2 🗆 F	73	YRS.	MONTHS DAYS	HOURS MIN.	Jul 14, 19	922	Countr	rvland	
	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY. TOW	OR LOCATION OF D			UNTY OF D		_
DIRECTOR	Charlotte Hall		me			otte Hall			. Ma		
2	10s. STATE 10b. COUN	TY	1	10c. CIT	Y, TOWN OR LOC	ATION				10d, INSIDE CITY	
뜻	Maryland St.	Mary's	- 1	Le	onardto	wn				LIMITS?	10
	10e. STREET AND NUMBER					IOF. ZIP CODE		T 40- 01	TITEN OF Y	WHAT COUNTRY?	
RA	RR 2, 1 Dorsey S	t Novetorno	17:110	~~ #		20650		1			
빌									J.S.A		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 TO IF YES, GIVE WAR O	YES 2 NO		if you,		NIC ORIGIN? (Specify Young, Puarto Rican, etc.) fy:	es or No—	Biaci	E — American Indian k, White, etc. ify: 1te	1,
	15. DECEDENT'S EC		16a. OEC	EDENT'S	USUAL OCCUPA	TION	16b. KIND OF BI	JSINESS/IN	DUSTRY		
COMPLETED	(Specify only highest gra	College (1-4 or 5+)	(Giv	e kind of Do NOT u	work done during . se retired.)	most of working					
7	10th Grade	College (1-4 of 3-7)	Tro	oubl	e Shoot	er	Elec	tric	Compa	anv	
M	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Maide				
	Henry Wat	han P	otter			Cora	Eliz			Owens	
BE	-	idii F								Owens	
2	19s. INFORMANT'S NAME (Type/Print) Marilyn Mae Pot	ter					Aoute Number, City or To			20650	
	20s. METHOD OF DISPOSITION 1X Burisl 2 Cremation 3 Re	mount form Chat-	20b. PLACE A	ND DATE	OF DISPOSITION	Name of	DATE 20c. L	OCATION -	- City or To	own, State	
	4 Donation 5 Other (Specify)	- State	charle	s Me	morial	Gardens '	7/15/96 Le	onard	dtown	, Maryla	nd
	21. SIGNATURE OF FUNERAL SERVICE	JCENSEE /	/		22. NAME	AND ADDRESS OF F	diner Fune	-			
	mil	04/1	0								
	I Magal	eg Sk	noces	ne			Leonardto			and 2065	50
	23. PART I Enter the diseases, o	complications that ca	used the dee	th. Do	not enter the r	node of dyling, su	ch as cardiec or res	oiratory s	rrest,	Approximat	
	IMMEDIATE CAUSE (Final	e. List only one cause	on eech line.							Interval Bet Onset and	
	diseese or condition	Ol:	a. 3-al-a-								
	resulting in death)	a. CHIONIC	AS A CONSEQU	CLOS	cieroti	C					
		Cardio									
CERTIFICATION	Sequentially list conditions,	b	AS A CONSECU								
Ĕ	If any, leading to immediate	DOE TO (OH	AS A CONSECU	UENCE O	r):					i	
2	CAUSE (Disease or Injury	C									
=	that initiated events reaulting in death) LAST	DUE TO (OR	AS A CONSEO	UENCE O	F):						
ER	readiting in death) LAST	d									
	PART ii. Other algnificant conditi	one contributing to de-	ath hut not re	aultina	in the underly	lng cours alven in	Pert I. 24s. WAS A	N ALITORS	v 1 ans	WEST ALTOSOV SN	1011100
PHYSICIAN: MEDICAL	Transition and an arrangement and arrangement and arrangement and arrangement	- continuating to det	out but not re	auring	in the underly	ing couse given ii		RMED?	240	AMILABLE PRIOR TO	0
ă							1 YE5	2X] NO		COMPLETION OF CA OF DEATH?	USE
W.										1 - YES 2 - NO	0
ż	DID TOBACCO USE CON	TRIBUTE TO CAUS	E OF DEAT	TH Y	ES NO	■ UNCERTA	IN 🗆				
₹ I	25. WAS CASE REFERRED TO MEDICAL		26. PLACE	E OF OEA	TH (Check only or	ne)					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient 3	□ DOA	OTHER:	nme 6 - Breidense	8 Other (Specify)				
Ϋ́	27. MANNER OF OEATH	28a. OATE OF INJ		28b. TIN		NJURY AT	2ad. DESCRIBE HOW	IN HIRY O	CCUBEO		
	1 🔀 Natural 5 🗍 Pending	(Month, Day, Y			JURY	WORK?	Zau. Describe NOW	INJOHT O	CCOREO		
ΒY	2 Accident Investigation		Harme			YES 2 NO					
	3 Suicida 8 Could not b	28a. PLACE OF IN building, atc.	(Specify)	ne, farm,	street, factory, or	fica	28f. LOCATION (Stree City or Town, State		er or Rural I	Route Number,	
Ë l	4 Homicide detarmined										
٦	29a. CERTIFIER 1 X CERTIFYING PHY	/SICIAN: To the best of my	knowladge, das	th occur	ed at the time. d	nte and place, and du	a to the cause(s) and m	enner aa a	tated.		
COMPLETED	(onton only	NER: On the besis of exami								a) and manner as etc	eted.
응	l				, , , , , , , , , , , , , , , , , , , ,						
ш	29h, SIGNATURE AND TITLE OF CERTIF	ERA /	4 4:			29c. LICENSE NU				(Month, Day, Year)	0.6
80	CM My /	11100	co.			D12705)		Jul	y 11, 199	16
2	30. NAME AND ADDRESS OF PERSON	VHO COMPLETED CAUSE (F OEATH (ITEM	1 27) (Type	, Print)						

Prince Frederick, MD

Emad R. Al-Banna, M.D.

31. DATE FILED (Month, Day, Year)

JUL 19 1996

32. REGISTRAS'S SIGNATURE
RANGELLE.

DHMH-16 Rev 1/89

YEAR

1996

9c. COUNTY OF DEATH

3. TIME OF DEATH

B. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

1 YES 2 THO

white

Approximats

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

DE DEATH? 1 YES 2 NO

Interval Between

Onset and Death

Michigan

Carrol1

10g, CITIZEN OF WHAT COUNTRY?

Specify:

United States

14. RACE — American Indian, Black, White, alc.

21158

Westminst

11:44 AM

REG NO

2. DATE OF DEATH MONTH

BALTIMORE, MARYLAND 21215-0020

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

,

2

31. DATE FILED (Month, Day, Year)

Edwin JULY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 08/03/1917 IF UNDER 1 YEAR 205-01-1271 DAYS HOURS MIN 1 X M 2 - F 78 YRS. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number 9b. CITY, TOWN OR LOCATION OF DEATH Longview Nursing Home DIRECTOR Manchester RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Carrol1 Westminster permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 200 Bell Road burial-transit 21158 Page 6 may be retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Narried BY 3 Widowed 4 Divorced this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the with the State Dept. of Health and Memal Hyglene prior to burial, cremation, or removal. WWII ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL Engineer Shell Oil notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Harold Preble Florence BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elsie M. Preble 200 Bell Road, Westminster, MD be 20s. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 6 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of / 13/96 DATE 20c. LOCATION — City or Town, State must Carrol1 Cremations, Inc Hampstead, MD the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Katherine 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, ahock, or heart fellure. List only one ceuse on each line. **IMMEDIATE CAUSE (Final** Cell CARCINOMA. LUNG ONSEODENCE OF METASTATIS LIVET disease or condition executed within 74 resulting in death) other traumatic event, MEDICAL CERTIFICATION Sequentisity ilst conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leeding to immediate ceuse. Enter UNDERLYING the death certificate be CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) LAST 6 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? any requires that 1 | YES 2 1 10 shows ? DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\boxed{1}\) UNCERTAIN \(\Boxed{1}\) PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Distribution | 5 Residence | 6 Other (Specify) 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 0 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 1 YES 2 NO BY death Investigation DIRECTOR: After 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 3 Sulcide COMPLETED 6 Could not be hours after 28 4 Homicide item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE FUNERAL D be filed within 72 hc IMPORTANT: If IN (Check only one) THE HOSPITAL 2 MEDICAL EXAMINER: On the mination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER PO 23 BE

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

90 3223 MA

32. REGISTRAR'S SIGNATURE Jahr Davide

MAINS

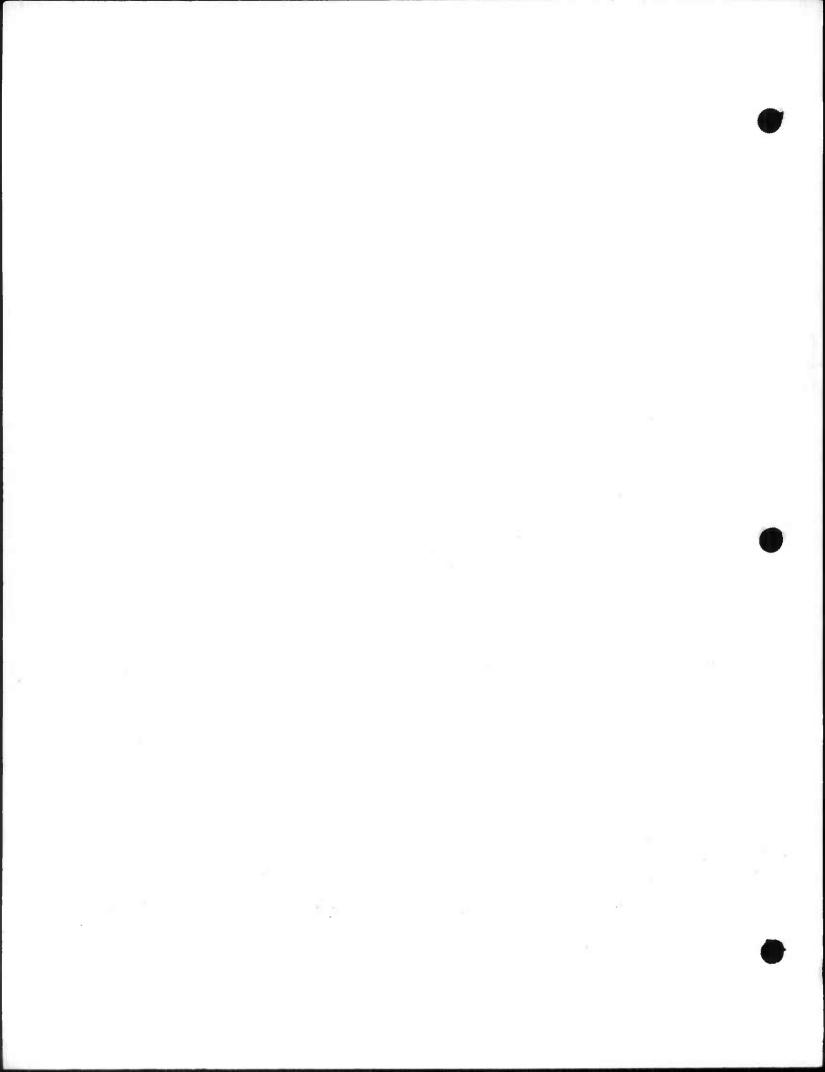
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Preble

Soringer

29d. DATE SINNED (Manth, Day, Year) DHMH-16 Rev 1/89



State of Maryland / Department of Health and Mental Hygiene

219 Death

								Certif	icate c	of Death		Reg. No.	20	6 1)	10
	Physici		1. Decedant's Nam	na (First, Middla, I	ŕ	Ram	ella				2. Data of I Month July	Death Day	96	3. Time of 7:15	
	/Medi Examir		4a. Facility Nama (тетта			4b. City, Town, o				7.13	
	LAdini	161	610 Pa	ershing	Drive					Silver S	nring		gomer	v	
4	Funerai	70	5. Social Sacurity N		Sax	7. Aga (In yi	rs. last birt			ar If Undar 24 Hr	s. 8. Data of I		9	laca (Stata or	r Foreign
- 1	Director		579-52-	-1625 A	1□M 2∏ F		85	Yrs. M	onths Da	ys Hours Mi		7,1910	Coun	^(ry) Ital	.y
	₹ .		Usual Rasidance o	f Dacedant								1111			
	nylar show		10a. Stata	10b. County		1		or Location					10	0d. Insida Cit	-
	Ba-f	cto	Maryland	Montgom	ery	Si	lver	Spri	ng					1 Yas	2 No
	th th	Director	10e. Straat and Nu	mber				1	Of, Zip Cod	a		10g. Citizan of	What Coun	try?	
	23a		610 Persh	ning Dri	ve				20	910		Ital	У		
020	permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryland Depertment of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or item 23a or 28a-f show any Injury or other traumatic event, the Medical Examinal must be notified at once.	by Funeral	11. Marital Status 1 □ Navar Marr 3 ☑ Widowad	ried 2 Marriad	Armed F	2 No iva	U,S.		Decedant of s, specify C	of Hispanic Origin? (tuban, Maxican, Pua No <i>Specify:</i>	Specify Yas or I rto Rican, atc.)		ce - Amaric ick, Whita, i y: Whi	atc.	(
5-0	72 ho	Be Completed	/Sne/	15. Decedant's	Education	1	16a.	Decedent'	s Usual Oc	cupation na during most of w lired)	orkina	16b. Kind of B	usinass/inc	lustry	
2	e e e	pje	Elementery/Seco			(1-4or 5+)		lita. DO	VOT usa rai	tired)	Jiking				
2	w page of the stat	So	8		*			House	ewife	_		Own Hom	ıe		
pu	d oth	Be	17. Fathar's Nama	(First, Middla, La	st)							lle, Maidan Sumai	na)		
yla	Men	ပ္	Domenic	o Raimo	ndo					Cateri	na Asch	ero			
Jar	2 sh and is m		19a. Informant's N	ame/Ralationship	(Type, Print)					eet and Number or I				Coda)	
2	end eelth 7 27			o Ramell	a/Son					r.,Silver		1	2		
Baltimore, Maryland 21215-0020	Pages 1 nent of H nt: If iten			position □ Cramation 3 5 □ Othar <i>(Spec</i>		Stata	cematar	y, cramato	n (Nama of ny or othar) Cemete	olace)	July 1 1996	7, Cazzell			[tal
alti	mit. Pertn Sorts / Inju		21. Signatura of Fu	ınaral Sarvice Lic	ensaa	0.4	Jabby			drass of Facility					
m	Depermine Depermine Important Irraportant		1 0	Su	180/1			222) TT-			al Home	D.C	2000	7
	10.00		23a. Parti. Entar t	ha disaa <i>s</i> a, or co	mplications that	caused tha da	ath. Do r	ot antar th	a moda of	consin Ave dylng, such as cardi	ac or raspiratory	wasningt	on, DC	Approximate	
d	Physician	3 1	shook, or haa	irt fallura. List on	ly ona causa on	aach lina.							1	Intarval Betw Onsat and D	veen leath
	/Medical		Immediata Causa	(Final									i		
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68	rificete be executed ng physicien and es the buriel-transit	Medicai	rasulting In daath)	Last		500 10	(0) 45 4 0	onooquan	ou 01).						
Box	eath cert ettendin for use	3			d										
	death e ette d for	icia	Part II. Other signif	icant conditions	contributing to c	leath but not r	asultino in	the under	fylna causa	given in Part I	23h Di	d tobacco use co	ntribute to	the cause o	f death?
P.0	es thet tha death cer igned by the ettendir be detached for use	y Physician/I							, , , , , , , , , , , , , , , , , , ,	J		□Yes 2□No	3 ☐ Prob	35	Unknown
of Vital Records,	aw requires to seen so should	Completed by	a.a.									as an autopsy rformed?	ava	ra autopsy fi illable prior to npletion of ca leath?	
- E	The ate h	201									10	Yas 2X No	10	Yas 201	No
ita	lcian: Th	Be	25. Was casa rafar axaminar?	rad to medical						26. Place of D	eath (Check onl	y ona)	1		
1	Q 50 X	2	1 ☐ Yas 2 💢	No	Hospital:	inpatiant 2	□ ER/Out	tpatient 3	DOA	Othar: 4 Nursing	Homa 51 Ra	sidance 8 DOt	nar (Specify	1)	
0 0	ing Ph kter th uneral	:uo	27. Mannar of Deat	h 5 🗆 Panding	28a. Deta (Mor	of Injury oth, Day Year)	28b. T	ima of njury	28c. lr	njury at Vork?	28d. Dascrib	e how injury occu	rred		

To the Hospital or Attendin within 24 hours efter death. To the Funeral Director: At completely filled in by the fu Medical Certificat

Invastigation 2 Accident 6 Could not be datarmined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida

29a. Cartifiar (Check only one)

JUL 0 9 1996

1X Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

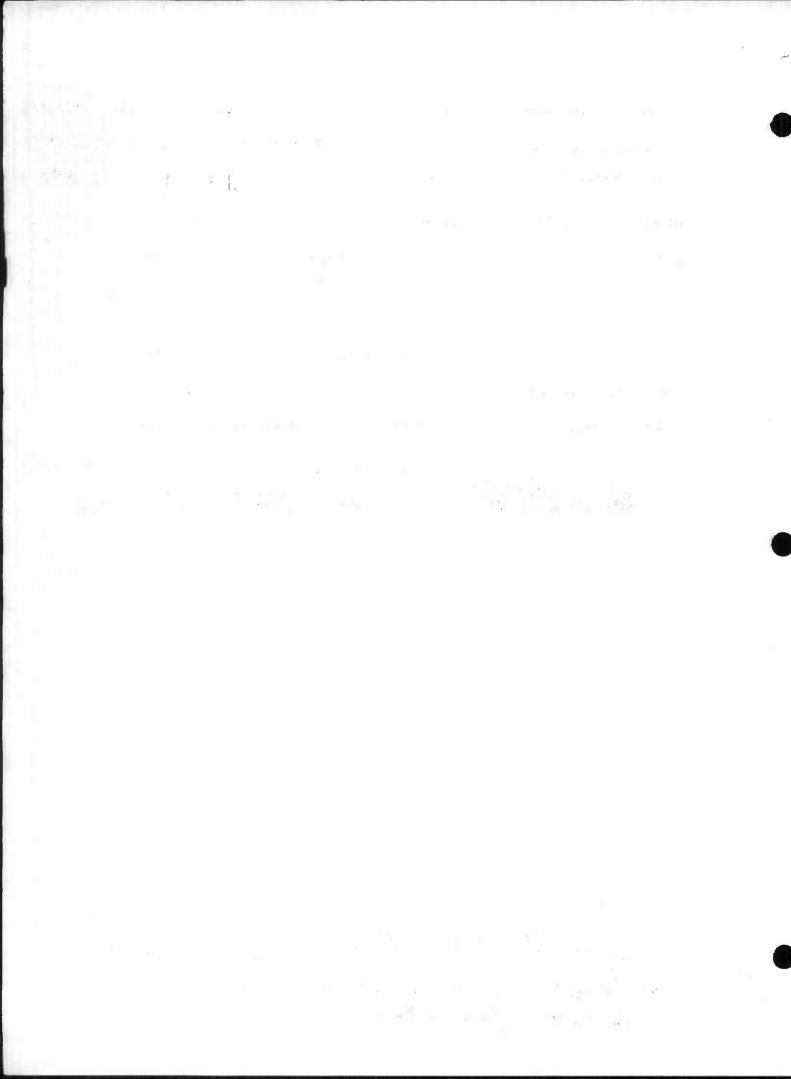
29d. Data signed (Month, Day, Year) July 8,1996 D05937

taly

30. Nama and audress of person who completed causa of death (Item 23a) (Type, Print)

Robert Kramer, M.D. 10313 Georgia Ave., Silver Spring, Md. 31. Data filed (Month, Day, Year)

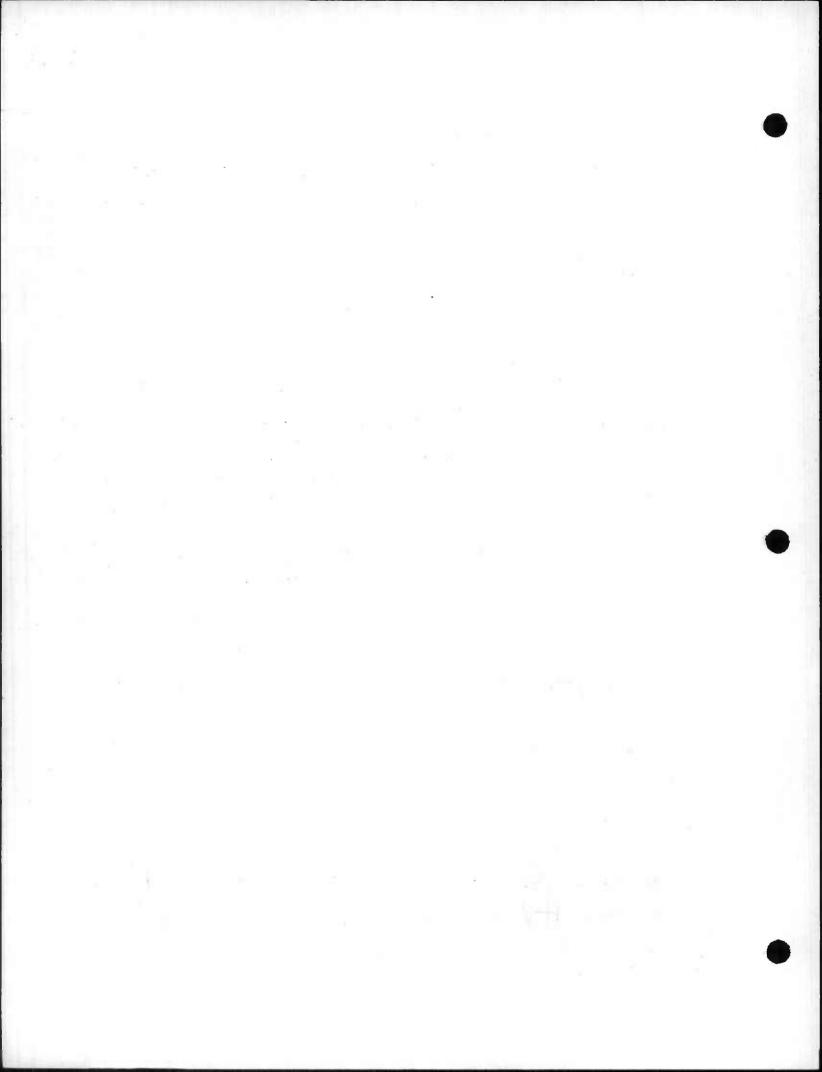
State Registrar



7
BOX
P.O.
RECORDS,
VITAL
O
DIVISION

3 PH	URECOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	iem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked

1 - FOR STATE REGISTR	AR	STATE OF MARY		MENT OF H		MENTAL HYGIEN		
1. DECEDENT'S	NAME (First, Middle, Last	oeth Bosse Ra		0,112 01		2. DATE OF OEATH		3. TIME OF DEATH 5:15 A M
4. SOCIAL SECU				IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	2-3670	1 □ M 2 ☒ F	94 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) August 21		country) outh Carolina
		cal Hospital		Olney		AIN .		omery
Montgo RESIDENCE 100. STATE Marylan	10b. COUN	gomery		ver Spr				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AN		8			I. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
3551 S	outh Leisu	ire World Bou	levard		20906		Unit	ed States
1 17	ATUS ried 2 Married 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 (2) NO	If yes, sp		NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No 14	RACE — American Indian, Black, Whita, etc. Specify: White
Elamentary/S	15. DECEDENT'S ED (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S U	ork done during mo	ON ost of working	16b. KIND OF BU	SINESS/INDUS	
Elamentary/S	Secondary (0-12)	College (1-4 or 5+) 5+	We. Do NOT use	retired.)		Own Ho		7.96
TO EATHER'S NA	ME (First, Middle, Last)	3+	Homema	Ker	10 NOTHERNO NA	ME (First, Middle, Maider		
Louis	Hinnant H	Bosse				a Bosse	Surriame)	
INFORMAN	T'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street)		Route Number, City or Toy	vn. State. Zin Co	ode)
0	B. Ramsay	(son)				Virginia	20128	,
20a. METHOD O		emoval from State	ob. PLACE OF DISPOSI other place) Montgomer	TION (Name of ca.	metery, compatory or	20c. LG		y or Town, Stata
	of FUNERAL SERVICE	Caller MOO						me/Rockville,I
IMMEDIATE College of c	CAUSE (Finel podition sets) list conditions, g to immediate UNDERLYING see or injury svents	c	A CONSEQUENCE OF	ract -	I Tech	You		Interval Between Onserand Death
PART II. Othe	er significant condition	one contributing to death	1-		g cause given in	Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER?		HOSPITAL:	utpetiant 3 DOA	OTHER:		6 Other (Specily)		
	5 Pending	26a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	JRY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED
2 Accider 3 Suicide 4 Homici	6 Could not b	26a. PLACE OF INJUI building, etc. (S	RY — Al home, farm, at oecify)			281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
4 Homick 29a. CERTIFIER (Check only one)		YSICIAN: To the best of my known in INER: On the best of examinar						cause(a) and manner as stated.
29b. 300 TURI	AND TITLE OF CENT	-1	Trumis	-,,0	29c. LICENSE NU		29d. DATES	
30. NAME AND	ADDRESS OF PERSON I	RANIPIETED CAUSE OF	DEATH (ITEM 27) Type,	Print 8711	Prince	e Phily	. Di	as It
31. DATE FILED	(Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE Prode 90					0



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Heath and Mental Hygene prox to builar, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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						500	
		REG. NO.		DEPARTMENT ERTIFICATE	STATE OF MARYLAND	FOR STATE REGISTRAR	1
O A M	YEAR	ate of Death onth DAY 19	MON	Re	Virginia	DECEDENT'S NAME (First, Middle, Last) Pearl	1
	8. BIRTNPLAC Country) 1924 Mary		HOURS MIN. (Mo	YRS. MONTHS	5. SEX 8. AGE (In yrs. 1 1 M 2 1 F 72	4. SOCIAL SECURITY NUMBER 217-22-2091 9e. FACILITY NAME (If not institution, give st	
	Harford		hville			2404 Hannah Road.	TOR
DE CITY 15? 2 X NO	1		Churchvil	10c. CITY, TOWN O	Harford	10e. STATE 10b. COUNTY Maryland	DIPECTOR
	0g. CITIZEN OF WHAT		21028			2404 Hannah Road	FUNERAL
în Indian, ĈK . Le	Black, Wh Specify:		ECENDENT OF HISPANIC ORIG specify Cuben, Maxican, Puert ES 2 NO Specify:	NO I	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	BY
337	ESS/INDUSTRY	16b. KINO OF BUSINES		DECEDENT'S USUAL OC (Give kind of work done of life. Do NOT use retired.) HOMEMAKET	completed) College (1-4 or 5+)	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	COMPLETED
	nes	stella Jon	18. MOTHER'S NAME (First Evelyn Est		Dorsey	17. FATHER'S NAME (First, Middle, Lest) Thomas Francis I	BE CON
			ot and Number or Rural Route Nu Drive, Bel Ai			19a. INFORMANT'S NAME (Type/Print) Lee Dorsey	2
A		0ATE 20c. LOCATIO	Co., Inc. 7/8	EAND DATE OF DISPOS Cremetory or other place) A. Ferris	20b.PLA0 competery,	20e. METHOD OF DISPOSITION 1	
P.A. 21009	neral Home	as III Fund Road, Abind	and address of facility rd K. McComas	/ HC	MADI	21. SIGNATURE OF FUNERAL SERVICE VIC	
proximate erval Batwean	1		COKESDULY IN	10 13	& IN outer	* / Toward	
set and Deeth	tory arreat,		mode of dying, such as ca	deeth. Do not enter na.	List only one cause on each I	23. PART I. Enter the diseases, or cahock, or heart fawire.	
set and Death	(ory arreat,		mode of dying, such as ca	deeth. Do not enter na. ic Cardiov	complications that ceused the List only one cause on each I Arteriosclerot s.	ahock, or hasrt fallure.	
set and Deeth	(ory arreat,		mode of dying, such as ca	deeth. Do not enter na. ic Cardiov sequence of: sequence of:	Arteriosclerot DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON	ahock, or hasnt falkfire. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentisity list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	CATION
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set	(ory arreat,		mode of dying, such as ca	deeth. Do not enter na. ic Cardiov sequence of: sequence of:	Arteriosclerot DUE TO (OR AS A CON DUE TO (OR AS A CON DUE TO (OR AS A CON	ahock, or hasrt falkfire. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	RTIFICATION

36. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

G.S.Prabhu M.D. 1810 Belair Rd # 102 Fallston MD. 21047410-879-6564

32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

L 360

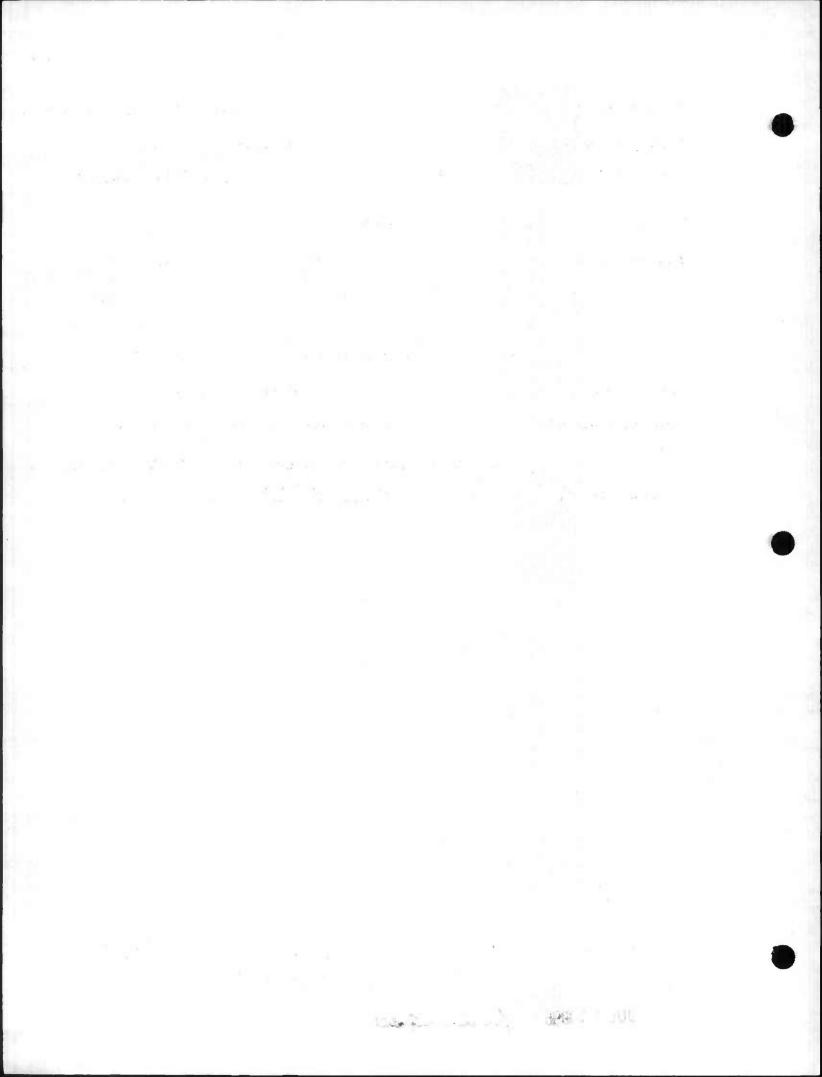
State of Maryland / Department of Health and Mental Hygiene 96 2 | 976

						Cei	rtificate	of	Death		F	Reg. No.			
			1. Decedant's Nama (First, Middle, L.	ast)			-				2. Deta of Dee	eth	17.55	3. Tir	me of Death
	Physic /Medi		JOYLIN CLO	ONEL REEL	D						Month JULY	5 1996	Yaar	7	:18 AM
	Exami		4a. Facility Name (If not institution, gi	va streat and number	er)				4b. City, To	wn, or Lo	ocation of Deeth		y of Death	-	.10 1111
	EAGT.		NATIONAL NAVAL	MEDICAL (CENTER				BE	THES	DA	MC	NTGON	4ERY	
H	Funeral		5. Sociei Sacurity Number 6.	Sax 7.	Aga (In yrs. la	st birthday)	If Undar 1		if Under	24 Hrs.	8. Date of Birtl (Month, Day				tate or Foreign
	Director		267-33-4076	1□ M 2ĀF	45	Yrs.	Months	Days	Hours	Min.	July 4,	7, Year) 1951		otry) yana	tate or Foreign
			Usuei Rasidance of Decedent								y .,			, 4114	
	ylan		10e. Stete 10b. County		10c. City,	Town or Lo	cation						1	0d. insi	da City Limits
	Mar 18	ō	Virginia Fairf	ax	Lo	rton								1 🗆	Yes 2 No
	28a	Je C	10e. Street and Number				10f. Zip 0	Coda			T .	10g. Citizen of	What Cour	ntry?	
	Sa o	Funeral Director	7311 Whernside	Court				220	179			USA	100		
	Pa 2	era	11. Maritei Status	12. Wes Decede	nt Evar in U.S	. 13.1				nin? /Sp	acify Yes or No-		ce - Americ	ean India	an ·
	fler of the result of the resu	Fun	1 □ Navar Married 2 Married	Armed Force	\$3					, Puarto	ecify Yes or No- Rican, atc.)	Ble	ck, White,		
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiene. If health and Mental Hygiene. Item 27 is marked other than "natural, or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified as	þ	3 ☐ Widowed 4 ☐ Divorced	If Yes, Giva Yaar or Dates			1□ Yes 2	X No	Specify:			Specia	y: Afr	ican	Americ
Ö	2 hou		15. Decedant's E	ducation		18a, Deced	dent's Usual	Occur	ation			16b. Kind of E	Businass/In	dustry	
215	di di	Completed	(Specify only highast gi	rada completed)		(Giva lifa.	dent's Usual kind of work DO NOT usa	dona	during mos	t of work	in <i>g</i>				
212	with interest	E	Elamentary/Secondary (0-12)	Collaga (1-4o	or 5+)		Contro					Fair	fax C	ount	y Schl.
D	2 should be filed within and Mental Hygiene. Is marked other than aumatic event, the Mental transmitter of the Mental tran		17. Father's Nama (First, Middla, Las	t)					-		a (First, Middle,)
ar	d be enta	To Be	Clinton Assay	e					Cice	ly P	rincess	Blair			
Maryland	M bu	-	19a. Informant's Name/Raiationship	(Type, Print)		19b. Mailir	na Addrass /	Street			al Route Numbe		Stata Zin	Code)	
Ž	d 2 an													0000)	
ė,	other tra		Solomon Reed 20a. Mathod of Disposition		20b. Pia	ce of Dispo	sition (Nema	a of		0 بلوه	rton, V	20c. Location		num Ste	ate.
ō	Pages nent of I mt: If Its		1X Buriai 2 ☐ Cremetion 3		(0		netory or oth				22.00				
Ħ	rtme rtant		4 Donation 5 Othar (Speci	**	ALT		n Nati				/12/96	Arling			
Baltimore,	permit. Pages Department of Important: If I eny Injury or once.		21. Signature of Funeral Servica Lice	inspe		²²	Name and	Addre K	S of Feeling	IENN	A FUNER	AL HOM	E, INC	C.	
	20100		P/1/1/-	y-]	171 W.	Ma	ple A	ve.,	Vienna	, Va. 2			
			23a. Part1. Entar ha disaasa, or con shock, or heart failura. List only	nplications that caus	ed tha death.	Do not ant	ar tha moda	of dyin	ng, such es	cardiac (or raspiratory ar	rast,		Approx	ximata al Between
	Physician /Medicai Examiner	er	Immedieta Causa (Final diseasa or conditi <i>on</i> rasulting in daath)	a. PUI	MONARY Dua to (or a										
	ted nsit	듄		bSCI	LERODEF										
	The law requires that the death certificate be assoured tte has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Examiner	Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Causa (Diseesa or injury that initiated avants		Dua to (or a	as a conseq	juance of):						ì		
68760,	be a iclan buria		Cause. Entar Undarlying Causa (Diseesa or injury	c									i		
387	phys phys s the	Medicai	rasulting in death) Last		Due to (or e	es e conseq	uenca of):						1		
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Box	attend for us	lan											1		
o	res that the de igned by the a be detached f	Physician	Part It. Other significant conditions	contributing to death	but not rasuit	ing in the u	ndarlying cau	usa giv	an in Part I		23b. Did to	obacco use co	ontribute to) the ca	use of death?
P.0	hat ti od by detac										101	es 2□ No	3 Prol	bebly	4 Unknown
Records,	sign al be	by									2200000	Courselpos	Ton m	200 - 040	and the street
0	v require	Completed									24a. Was a perfor		SV.	ailabie p	opsy findings orior to n of cause
ec	has b	ğ							-				of	death?	TOT DAUGO
H		S					-				1 🗆 Y	es 2 No	10	□Yas	2□ No
Vital	Physician: The this certificate ral director, pag	Be	25. Wes casa rafarrad to medical exeminar?						26. Piaca	of Death	Check only or	ne)			
of	nyslo	2	1 ☐ Yas 2 ☑ No	Hospital:	itient 2 E	R/Outpatien	t 3 DOA	Oth	nar: 4□ Nu	rsing Ho	me 5 Resid	ence 8 DOt	har (Specif	y)	
	g Ph		27. Mennar of Death 1 ☑Naturel 5 ☐ Panding	28a. Data of in (Month, E	jury 2	8b. Time of injury	280	c. Injui Wol	y at		28d. Dascribe h	ow injury occu	rred		
Division	or Attending P after death. I Director: After it d in by the funer	Certification:	2 Accidant invastigation		, , , , ,	,,	М		Yas 2 🗆	No					
Vis	Atte	lific	3 Suicide 6 Could not to datarmined	28a. Place of t	Injury - At hom	a, ferm, str	eat, fectory,	office			28f. Location (S City or Tow		ber or Rura	Il Routa	Number,
Ö	s after	Cer	Tomode	building,	etc. (Specify)						Ony or row	n, Stata)			
	To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by th		29a. Cartifiar 1□ Certifying PI	nysician: To the bes	st of my knowi	adga, daath	occurrad at	the tir	na, date an	d piace,	and dua to tha c	ausa(s) and m	annar as s	tated.	
	P Fu	edical	(Check only 2 Medicai Examone)	miner: On the basis end mannar:	of examinetio stated.	n and/or inv	astigation, in	n my c	pinion, deal	th occurr	ad at tha tima, o	leta end piace,	and dua to	tha ceu	Jse(s)
	Vithir Comp	ž	29b. Signature and title of certifler	0			29c. l	Licens	e number		. 2	9d. Date signe	od (Month,	Day, Yo	ar)
	, ,,,,,		18/18/	16	> _				pro	000		Jul	5.	1991	6
	no		30. Name and address of person who	completed cause of	f death /Item ?	3a) /Tvno	Print\		RES-		NAVAL				
-	4)					.оо, (тура,	. 11115/				MD 208			LEK	
	Sta	ate	S.E.MCINTYRE, 31. Data filad (Month, Day, Yaar)	32 Penis	etrar's Signatu	ra			DETH	LODA	עשין עשין	03-7000	,		
	عاد Registı		JUL 1 2 1996	S. Min.	Davidson	- Fands	82								
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						Cer	tificate of	Death		Reg. No.		
Physicia	an	Decedant's Nama (First	t, Middle, La	ist)					2. Data of Da Month	ath Day	Year	3. Time of Death
/Medic		Viola Biddle	e Reyn	olds					July	9	1996	6:10 p.m
Examin		4a. Facility Nama (If not it	stitution, giv	a street and numb	oer)			4b. City, Town, or I	ocation of Deat	4c. County	of Death	
		3 Roney Ave	nue					North Ea	ist	Cec	i 1	
uneral		5. Social Sacurity Number	6. 9		Aga (In yrs. las	t birthday)	If Undar 1 Yaa	r If Under 24 Hrs.	R Date of Bir	th		placa (Stata or Foreign
rector		199-18-3443 Usual Rasidance of Dece		1□M 2፟ F	83	Yrs.	Months Days	Hours Min.	May 6,			land
MA ST			County		10c. City, 7	Fown or Loc	cation				1	Od. Insida City Limits
28e-f eho	Funeral Director	Maryland	Ce	cil	I	North	East					1⊠ Yas 2□ No
	lre	10e. Street and Number					10f. Zip Coda			10g. Citizen of	What Cour	ntry?
dim	ai C	3 Roney Aver	1116				21	1901		United	Stat	.0.6
=	Jer	11. Marital Status	140	12. Was Deceda		13. V		Hispanic Origin? (S ban, Maxican, Puart	pecify Yas or No			an Indian,
Examiner must be	þ	1 ☐ Nevar Marriad 2 3 🖾 Widowed 4 ☐ D	_	Armed Force 1 ☐ Yas 2 If Yas, Giva Yaar or Date	⊠ No		Yas, specify Cu		o Rican, atc.)		ck, Whita, y: Whi	
natural polical Exp	Pe	15. C	ecedant's E	ducation	1	6a. Deced	ant's Usual Occu	pation		16b. Kind of B	usinass/înc	dustry
	Completed	(Specify on	y highast gre	ada completad)		(Giva I	kind of work done OO NOT usa retir	a during most of wor	king			
In M	E	Elementary/Secondary	(0-12)	Collega (1-4	or 5+)	Laga	1 Secret	- 0 201		Law Of	fico	
metic event,	Ö	17. Fathar's Name (First,	Middla, Last)		пева	I SECTE	18. Mother's Nan	na (First, Middia			
other traumatic event,	Be c							1			150	
ĕ	2	James Biddle						-	t McKin			
5		19a. Informant's Name/R	alationship (Type, Print)		19b. Mailin	g Address (Stree	et and Number or Ru	ral Routa Numb	er, City or Town	State, Zip	Code)
9		Carol E. Jan	nison					Road, New	ark, De	laware	19713	
any injury or oth		20a. Mathod of Dispositio		70		a of Dispos	sition (Nama of natory or other pl	ace)	Data	20c. Location	City or To	own, Stata
7 0		1⊠ Burial 2 □ Crad				Fac	t Mothod	list Com	7/12/06	Nonth	Foot	Maryland
5	- 1	21. Signatury of Funeral			PINOTE		Nama and Addi		//12/90	NOTLI	rast,	Maryland
any injury once.		1// 00	11	7				neral Home	:			
		Wheel	H-C	100				Main Stre		th East	, MD	21901
cian		23a. Part1. Entar tha dist shock, or haart fallu	asa, or com e. List only	plications that cau ona causa on aac	sed tha daath. I h lina.						1	Approximata Interval Between Onsat and Death
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	ē				Dua to (or as	*	dence or):				1	1
as the buriel-transit	盲			b	d syca		upcet a					61
al-tre	Examiner	Sequentially list condition if any, leading to immedia causa. Entar Undarlying Causa (Disaase or injury that initiated events	s, ta		Dua to (or as	s a consequ	uetgice of):					1.4
Day.	<u>a</u>	Causa (Disaase or injury	~	c. Co	rape	deling	trees-					64
t	edical	rasulting in death) Last			Dua to (or as							
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Su Jo	an			0.	00 0000	· ·	receive	- when	4.4.5	11-000-1		1.
be datached for usa	Physician/M	Part II. Other eigniffcant of	onditions o	ontributing to deat	h but not rasultir	ng in tha un	darlying causa o	ivan in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?
ach	P.	-								Yes 25 Alo	3 □ Prol	
dat	by P									24	0_110	bably 4 dikilow
P									24a Was	an autopsy	24b. W	are autopsy findings
should	Completed								perfe	rmed?	av	allabla prior to impletion of cause
C/I	ם				-						of	death?
2	Ö								1 🗆	Yas 20 No	1 [☐Yas 2☐No
director, paga	Be	25. Was casa rafarred to	medical					26. Place of Dea	th (Check only	one)		
	To	axaminer? 1 ☐ Yas 2 ☑ No		Hospital: 1 ☐ Inp	atient 2□ER	/Outpatient	3□ DOA O	ther: 4 D Nursing H	oma 5 7 Resi	dance 6 □Oth	ar (Specif	iv)
		27. Manner of Death		28a. Data of I	Injury 28	b. Tima of	28c. Inju			how injury occur		,,
5	10	1 Netural 5 □ 2 Accident	Pending invastigation		Day Year)	Injury		ork? ⊒Yas 2 ⊟No				
5	Certification:		Could not b	000 01000 -6	Injuny - At home	form etro	et, factory, office		28f Location /	Street and Numi	her or Run	al Routa Number,
	핕	4 Homicida	datarmined	building,	atc. (Specify)	i, idilli, stie	ret, ractory, office		City or To	wn, Stata)	701 01 7 TUTE	ir riodia riombor,
E	edicai	29a. Certifiar 1 1 C	ertifying Phedical Exam	yelclan: To the be	st of my knowle	dga, daath	occurred at tha tastigation, in my	tima, data and place opinion, daath occu	, and dua to the	cause(s) end made and place.	annar as si	tated.
£		one)		and mannar	stated.					The sud binout		
- printary	8							CENTRAL PROPERTY.		29d. Data signe	A /Almosto	Day Voorl
	Mec	29b. Signatura and titla of					29c. Licar	ise number		230. Data signe	d (Month,	Day, Year)
complataly	Mec			an MI)					2/ a	1 9 6	Day, Year)
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to the Funeral complataly filled	2		w /4			Ba) (Type, F	D041	323	TON N	7/1	196	0



State of Maryland / Department of Health and Mental Hygiene

21978

			Certificat	te of Death	B	eg. No.	
	Physic /Medi		1. Decedent's Nema (First, Middle, Last) HOLTON EDWARD RHODES, SR.		2. Dete of Deet Month 07		
	Exami		4a. Facility Neme (If not institution, give street end number) Caroline Nursing Home, Inc.	4b. City, Town, o	r Location of Deeth	4c. County of D	
	Funeral Director		5. Social Security Number 217-36-1766 6. Sax 1 M 2 F 7. Aga (In yrs. last birthday) 4 Months Usual Residence of Decedent	r 1 Yaar If Undar 24 Hr Deys Hours Mir	n. (Month, Day,	^{9.1} 20,1906	Birthplece (Stete or Foreign Country) MD
	filed within 72 hours effer deeth with the Meryland Hygiene. Ther than "natural", or Itema 23a or 28a-f show ent, The Medical Experient Frust be notified at	Funeral Director	10a. Stele 10b. County 10c. City, Town or Location MARYLAND TALBOT QUEEN ANN 10e. Street and Number 10f. Zig		1	Og. Citizen of Whet	10d. Inside City Limits 1 ☐ Yes 2 ▼ No Country?
	th with	al D	29525 QUEEN ANNE HIGHWAY	21657		USA	
020	s 1 and 2 should be filed within 72 hours efter deeth with the Merylan of Health end Mental Hygiene. If Health end Sa or 28e-f show them 27 is marked other than "natural", or liems 23e or 28e-f show other traumatic event, the Medical Examinet must be notified as	þ	11. Meritel Status 1 Navar Marriad 2 Nerried 3 Widowed 4 Divorced 12. Was Decedent Evar in U,S. Armed Forcas? 1 Yas 2 Nerried Ff Yes, Give Yaar or Detes: 13. Wes Decedent Evar in U,S. Armed Forcas? 1 Yes, Sive Yaar or Detes:	dent of Hispenic Origin? (scity Cuban, Mexican, Pue 2 No Specify:	(Specify Yas or No- erto Rican, etc.)	Bleck, W	marican Indien, Thite, etc. WHITE
Maryland 21215-0020	d within 72 ho piene. r than "netur	Completed	15. Decedent's Education (Specify onfy highest grada completed) Elementery/Secondary (0-12) College (1-4or 5+) FARME	ork done during most of wase retired)	rorking	16b. Kind of Busina	
land	2 should be filed within end Mental Hygiene. s marked other than * summits event, on Men	To Be C	17. Fether's Nama (First, Middle, Last) EDWARD WASHINGTON RHODES		eme (First, Middle, M ABETH HO		
lan	2 short end N is mark		19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address	s (Street end Number or I	Rural Route Number	City or Town, Stat	e, Zip Code)
a,	Peges 1 and nent of Health ant: If Item 27 ury or other tr		HOLTON E. RHODES, JR SON P.O. BOX 20e. Mathod of Disposition 1 Buriel 2 Cremetion 3 Removel from Stete 4 Donation 5 Other (Specify)		Deta	20c Location - City	or Town, Stata
Balt	pemit. Peges Department of Important: If it eny injury or o		TELLOW	nd Address of Facility S, HELFENI . HARRISON			
	Physician /Medical Examiner		23a. Part1. Entar tha disaase, or complications that causad tha daath. Do not enter tha mod shock, or heert fellure. List only one cause on each lina. Immediate Ceusa (Final disease or condition resulting in deeth)	de of dying, such as cardi	ac or respiratory arm	est,	Approximeta Interval Between Onset and Death
ox 68760,	eath certificete be executed ettending physicien and for use as the buriel-transit	an/Medical Examiner	Sequentially list conditions, if any, laading to immadiate cause. Enter Underlying Cause (Disease or injury that initieted avants resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequence of): Dua to (or as a consaquanca of):	:	Faile	110	
P.O. B	ires thet the death c signed by the ettend d be deteched for us	/ Physician	Pert It. Other significant conditions contributing to death but not resulting in the underlying of	cause given in Pert i.			ute to the cause of death? Probably 4 Unknown
Records,	sw request speed	Completed by	Parkinsons		24a. Wes e perform		b. Ware autopsy findings eveilable prior to completion of causa of death?
			Diabetes Mellitu	5	1 □ Yε	as 20 No	1 ☐ Yes 2 ☐ No
Division of Vital	Attending Physicien: The strain death. ector: After this certificate by the funeral director, pag	Certification: To Be	2 Accident investigation M	OA Other: Nursing 28c. tnjury et Work? 1 Yas 2 No		ence 6 Other (S	
<u>N</u>	To the Hospital or Attending I within 24 hours efter death. To the Funeral Director: After completely filled in by the funer		4 Homicide determined building, etc. (Specify)		City or Town	n, Stete)	Rural Route Number,
	in 24 h he Fun pietely	edical	29e. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred to the basis of examination and/or investigation and menner steted.	i, in my opinion, deeth occ	curred et the time, de	ete end place, and	due to the cause(s)
	with To th	W	29b. Signatura and title of certifier 29c. T	c. Licanse number	2	9d. Date signed (Mi	onth, Dey, Year)
			30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	St Do	entor	M)	

State

Registrar

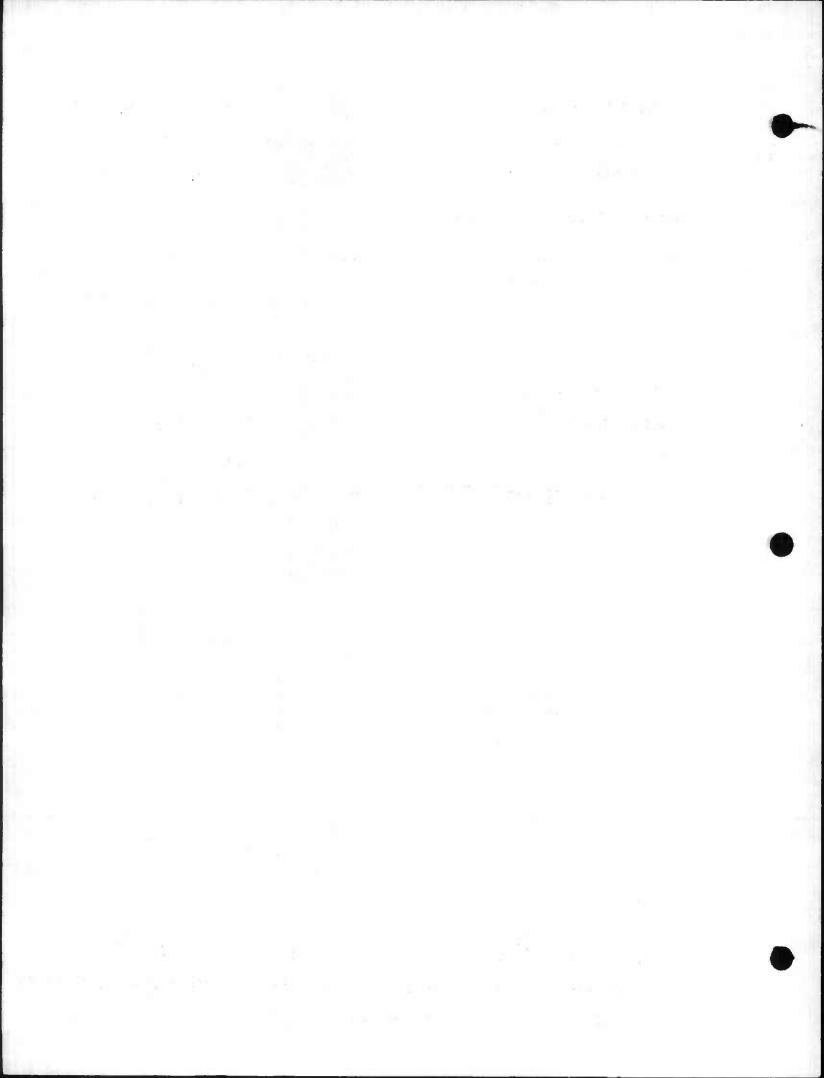
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							Certificat		Death	Wichtarriy	Reg. No.				
П	Physic	an	Decedant'a Name (First, Mide	dla, Last)						2. Data of Da Month	aath Day	Yea		3. Tima of Death	
	/Medi		Ann G. Ritche	11						July	8	199		3:45 p.n	n
>	Exami		4a. Facility Nama (If not instituti	on, give street and numb	per)			3	4b. City, Town, or	Location of Deat	h 4c.	County of De	ath		
1			Suburban Hosp:	ital					Bethesd		1	Montgo	mer	y	
	Funeral		5. Social Sacurity Number		Age (In yrs	. last birth	day) If Under Months	1 Year Days		8. Date of Bi	rth	9. B	irthplac	a (Stata or Foreign	n
	Director		474-07-1017 Usual Rasidence of Decedent	1□M 2⊠F		79 Yr	s. Months	Days	Hours Min	Sept.	8, 1	916 St	. Pa	a (Stata or Foreign aul, MN	
	and *		10a. State 10b. Count	v	10c. C	ity. Town o	or Location						10d	Insida City Limits	
	lenyl sho	5					-Salem						100.	Pas 2 □ No	
	he A	Director	101	syth	WII	ISCOII									
	No.	ä	10e. Street and Number				10f. Zip					zen of What (Country	7	
	23a	0	2926 Buena Vi	sta Road				106			U.S	.A.			
	r de	Funeral	11. Maritai Status	12. Was Deceda Armed Force	ant Evar in U as?	J,S.	13. Was Deced	dent of I	Hispanic Origin? (S ean, Mexican, Puar	Specify Yes or Norto Rican, atc.))- 1	 Race - An Black, Wh 			
Baltimore, Maryland 21215-0020	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Meryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or hems 23a or 28a-f show any injury or other traumatic event, tra Medical Examiner must be notified at once.	þ	1 ☐ Never Marriad 2 ☐ Ma 3 ☐ Widowed 4 ☐ Divorce	If Yas Giva					Specify:			Specify: W			
5-0	72 hc	Completed	15. Deceda	nt's Education ast grade completed)		16a. D	ecedent's Usua	al Occup	pation	orkina	16b. Kir	nd of Businas	s/Indus	try	Ī
21	thin thin	ğ	Elamantary/Secondary (0-12)		or 5+)	- 9	fe. DO NOT u	se ratire	during most of wo d)	nkiig					
7	M Page	00	12	1		Hom	emaker				Own	n Home			
n	of the part of the	Be (17. Fathar's Nama (First, Middle	, Last)					18. Mothar's Na	me (First, Middle	, Maldan	Sumama)			
<u>a</u>	Aent Aent Tree tice	To	Franklyn Giff	ord					Clemen	tine Rya	n				
an	sho M bud N	-	19a. Informant's Name/Relation	ship (Type, Print)		19b. N	Mailing Addrass	(Street	and Number or F	lural Routa Numb	er, City or	Town, Stata	, Zip Co	ode)	despe
Σ	nd 2 aith e 27 is		Edward C. Rite	chell		292	6 Buena	ı Vi	sta Rd.,	Winston	-Sal	em. NC	27	106	
5	tan tan		20a. Mathod of Disposition		20b.		isposition (Nar cramatory or o			Date		cation - City			_
5	ege ant o		1 ☐ Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Othar (ata I		mfort C			7/11/06	A 7		77.	d	
量	The reference		21. Signatura of Funeral Service		FIL					7/11/96					_
Ba	Depa Impo Impo Inno		21. Signatora of Furtheral Service	TT			5130 W	lisc	ess of Facility Jonsin Av	enue, N.	W.	5 5011	5, .	inc.	
			from	/ hel	M0095	6	Washir	igto	n, D.C.	20016					
			23a. Part1. Entar tha disease, o shock, or haart failura. Lis	or complications that cau at only ona causa on sac	sed tha dea h iine.	th. Do no	t antar tha mod	le of dyl	ng, such as cardla	c or raspiratory a	ırrast,		Ar	pproximate terval Between	
15	Physician												Ot	nset and Death	
	/Medical Examiner		Immediata Causa (Finel disaasa or condition	Int	va ce	rela	al	l	remm	onhas	0		2	- days	
	Cxammer		rasulting in daath)	0	Due to (or as a co	nsequence of):			(
	n #	ner		- H		eus				V			1 u	Inlinous	
	cute	Examiner	Sequentially list conditions.	D	1		nsequence of):								
o,	an a		Sequentially list conditions, if any, laading to immediate cause. Enter Underlying										į		
68760,	ficate be executed physician and as the bunal-transit	edicai	that initiated avants	C	Dua to (or as a cor	nsequenca of):								
	75 70 66		rasuiting in death) Last												
Box	ndin	2		d									-		
m	The law requires that the death certifute has been signed by the attending page 2 should be deteched for use as	Physician/M	Part II. Other significant condit	lone contributing to does	h hut not ro	اه ما ممانات	no undadulos o	oues ab	uen la Dest I	22h Did	tobooo o		40 40 40	e cause of death	2
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<u> </u>	that ded to									10	Yes 2	□ NO 3□	Probab	oly 4 Unknow	m
g	sign d b	d by								24a Was	an autop	ev 24t	Wara	autopsy findings	
Division of Vital Records,	v require been si should	ete									ormed?	,	availa	ble prior to letion of cause	
ě	has has	Completed											of dea	ith?	
-		S								10	Yas 20	SeNo	1 🗆 Y	as 20No	
Ë	Attending Physician: The law is death. ector: After this certificate has by the funeral director, page 2	Be	25. Was casa refarred to medical axaminar?							ath (Check only	ona)				
=	hysic his c	2	1 Yas 2 No	Hospital:	atiant 2	ER/Outp	atient 3 DC	DA OU	her: 4 Nursing	Homa 5□Ras	dance 6	Other (Sp	ecity)		
_	nera		27. Mennar of Death 1 ☑ Natural 5 ☐ Pandi	28a. Dáte of I	njury Da <i>y Year</i>)	28b. Tin	ne of 2	8c. Inju Wo	ry at rk?	28d. Dascribe	how injury	y occurred			
0	death. ctor: A y the fu	ati	2 Accidant Invasi	ligation			M		Yas 2□No						
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	s after i Direct	Cer	Tomora	building,	atc. (Speci	(9)				Oily or 10	mi, State)				
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral		29a. Cartifiar 1 Certifyi	ng Phyaician: To tha be	st of my kno	owiedga, d	laath occurred	at the ti	ma, data and piac	e, and dua to tha	causa(s)	and mannar	as stata	id.	
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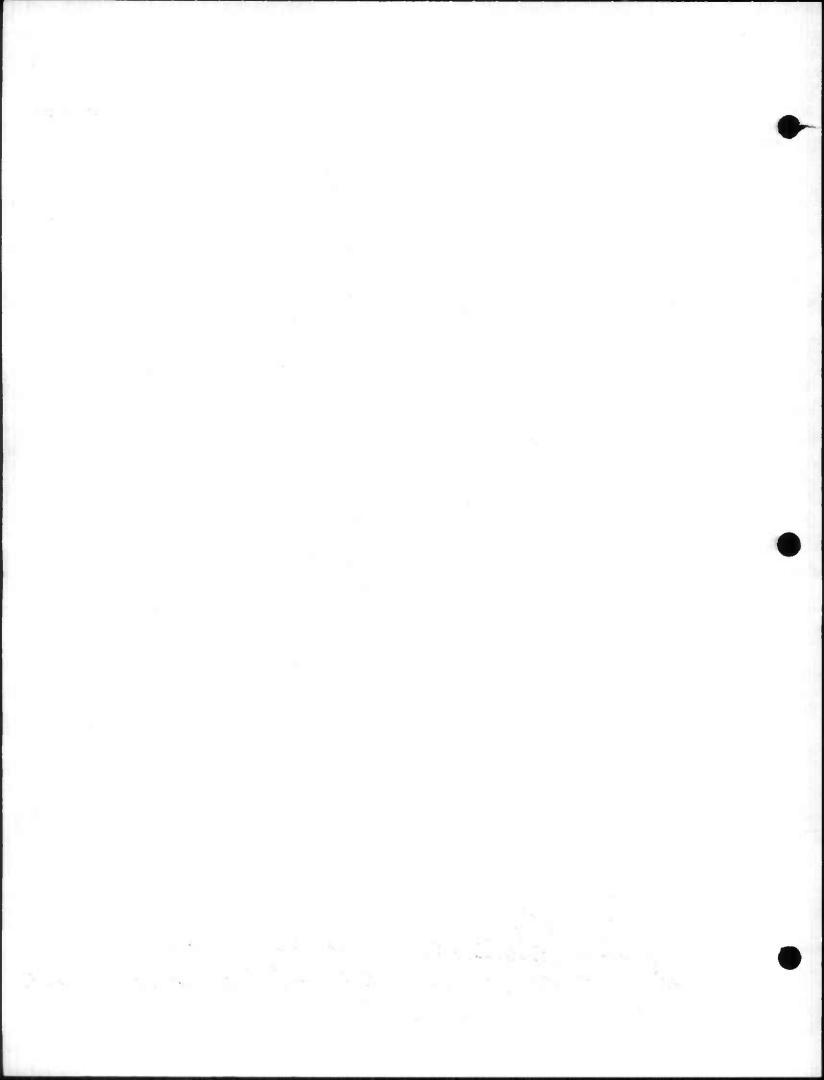
State of Maryland / Department of Health and Mental Hygiene

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	Physic		Naomi Camper	Sampson							Month 7	Dey	Year 96	2340
	/Medi Exami		4e. Fecility Neme (If not institution, ga		ım <i>ber)</i>				4b. City, To	wn, or Lo	cation of Deeth	4c. County		
7			Dorchester Gene	eral Hos	spital				East	on		Talb	ot	
	Funeral			Sex	-	s. lest birthdey)		er 1 Year	If Under		8. Date of Birt (Month, De	h	9. Birtho	elece (Stete or Foreign
Ġ,	Director		220-01-4257	1□M 2∏F		72 Yrs.	Months	Deys	Hours	Min.	Oct. 5	y, Year) 1923	Mar	elece (Stete or Foreign of try)
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	/land		10a. Stete 10b. County	_	10c. (City, Town or Lo	cation						1	0d. Inside City Limits
	Men I	to	Maryland Dorches	ster	Hu	ırlock								1 ☐ Yes 2 No
	158 the	Director	10e. Street and Number				10f. Z	ip Code				10g. Citizen of	What Cour	ntrv?
	oth with the Merylan 23s or 28s-f show	ā	4714 Tomas V:11					643						,
	8 23	Funeral	4714 Jones Villa		edent Ever in	118 13			lienanio Ori	aln2 /Sn	poits Van or No	USA 14 Pag	ce - Americ	en Indien
	iter d	5	1 Never Merried 2 Merried	Armed F		0,0.	f Yes, sp	ecify Cub	en, Mexican	, Puerto	ecify Yes or No Rican, etc.)	Bie	ck, White,	
20	e	by F	3 Widowed 4 Divorced	If Yes, G	ive -		1□ Yes	2 X No	Specify:			Specif	y: Bla	ck
ö	hou		15. Decedent's E			16a. Dece	dent's Hs	uei Occur	etion			16b. Kind of B	ueinoes/lo	duetor
15	in 72	Be Completed	(Specify only highest gi	rade completed)		(Give	kind of w	ork done	during most	of work	ing	TOD. Parid of D	U3111033/1111	dustry
12	with ene.	E C	Elementary/Secondary (0-12)	College (1-4or 5+)	Mach						Cold Wa	ter	
P	be filed itel Hyg d other event,	Ö	17. Fether's Neme (First, Middle, Las	st)				POLO		r's Nem	e (First, Middle,	Meiden Surnar		
an	d be antel	B	Alfred Henry Ca	amner							Ann Jen			
2	2 should be filed within 72 hours effer deeth with the Menyland end Mantel Hygiene. Is marked other than "natural", or itema 23a or 28a-f show surmatic event, the Medical Examiner must be notified at	To	19a. Informent's Neme/Rejetionship			10h Maiii	a Addro	ne (Steant				er, City or Town	Ctata 7ia	Codol
Maryland 21215-0020	ges 1 and 2 should b t of Health end Mant If item 27 is marked or other traumatics		Jessie Camper	(rypo, rinn)								Maryla		21613
o o	1 an Heal Bm 2 ther		20e. Method of Disposition		20b					Oam	Dete Dete	20c. Location		
٥	H th		XXBuriel 2 ☐ Cremetion 3 [Steie	Pleca of Dispo cemetery, cre	netory or	other ple	CB)	1_		200. LOGATION	- Ony or re	, J. 6.6.6
Ħ	tant tant		4 □ Donation 5 □ Other (Spec								/13/96			
Baltimore,	permit. Peges Department of important: If its any injury or o	H	21. Signature of Funeral-Stance Lice	insee		2			ss of Fecilit		neral H	OMA		
_	70 = 8 d		1/2									Maryla	nd 2	21601
			23a. Pert1. Enter the diseese, or cor shock, or heert feilure. List only	mplications thet	caused the de	eih. Do not en	er the mo	de of dyir	ng, such es	cardiec	or respiretory e	rest,		Approximete Interval Between
	Physician					_	1							Onset and Deeth
7	/Medical		Immediate Cause (Finel disease or condition		Head	of Fa	all	ure	9					24 hrs
п	Examiner		resulting in deeth)	e		(or es e conse							j	
	D #	Examiner		. i	ulm	0000	11	F	ton	10			1	24 hrs
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68760,	eeth certificate be axecuted attending physician and for use es the bunel-transit	Medical	thet initiated events resulting in deeth) Lest	C	Due to	(or es e consec	uence of);					1	
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Bo	th ce tendi			d										
	thet the deeth ed by the atter deteched for t	Physician	Pert li. Other significant conditions	contributing to d	eath but not re	sulting In the u	nderlying	cause giv	ren in Pert I.		23b. Dld	lobacco uss co	ntribute to	the causs of death?
P.0	t the	hy	Impalla		M	I.LL					101	Yes 2 No	3 Pro	bably 4 Unknown
	signed d be del	by F	Irandue	136	lige	1100								
Records,	v requires that been signed b should be dete				,						24e. Wes	an eutopsy		ere eutopsy findings ellebie prior to
00	O m	ojet									perio	med?	co	mpletion of cause deeth?
Re	0 - 5	Completed									101	es 2 No		1.0
Ø			25. Wes case referred to medical										11	Yes 2 No
of Vital		5 Be	exeminer?	Hospitel: A		7500		Oth	er.		n (Check only o			
of		To	27. Menner of Deeth	28e. Dete		☐ ER/Outpetier 28b. Time o	1	UA	4LI NU			dence 8 Oth		y)
Division	Attending I r deeth. ector: After by the funer	Certification:	1 Neturei 5 Pending investigation	(Mon	nth, Dey Year)	Injury	м	28c. Injur Wor	k? Yes 2⊡l					
S	deeth deeth ctor: A y the f	fica	3 ☐ Sulcide 6 ☐ Could not I	De Dies	a of Injury - At	home, farm, str					28f. Location (5	Street and Numi	ber or Run	I Route Number,
Š	effer Olire Jin b	ert	4 ☐ Homicide determined	build	ing, etc. (Spec	city)		.,,			City or Tov	vn, Stete)		,
П	Hospital 24 hours Funeral itely filled		29a. Certifier 10 Certifying P	hveician: To the	hest of my kr	nowledge deet	OCCUITED	d at the tir	ne dete en	d place	and due to the	rausa(s) and m	annar ac e	tetad
	Hoy 24 h	edical	(Check only 2 Medical Exa	miner: On the b	asis of examir	nation and/or in	estigetio	n, in my o	pinion, deal	th occurr	ed et the time,	date end piace,	end due to	the cause(s)
	To the Hospital or Attend within 24 hours effer deal To the Funeral Director: completely filled in by the	Me	29b. Signeture end title of certifier	1			29	e. Licens	e number	-		29d. Date sjgne	d (Month.	Dey, Year)
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			nuclean	- 1 KL	u			リイ	ノレフ	5		1 8	176	•
			30. Neme and eddress of person who	completed cau	se of death (ite	0	1	1.	. 3	1	Com	bala	0 11	10, 21613
			31 Data filed (Month Day Your	10011	Pagintus de C'	9 100	Of K	_115		-	carri	Vilagi	C, 11	14, 21617
	Sta		31. Dete filed (Month, Day, Year) JUL 1 0		Registrer's Sign	vidson-R						A.		
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State of Maryland / Department of Health and Mental Hygiene 96

					C	Certificate of	Death		Reg. No.	0 21301
	T		1. Decedent's Nema (First, Middla, Le	s()				2. Data of De	ath	3. Time of Death
J.	Physic! /Medic		Edward Jenning	s Sale				Month July	8, 1996	11:42 PM
	Examir		4a. Facility Neme (If not institution, given	ra street and number)			4b. City, Town, o	r Location of Deat	4c. County of	
1			704 Franklin A	venue			Westmin	ster		Carroll
	Funeral Director		5. Social Security Number 6. S 212-10-4028 Usual Residence of Decadent	Sex 7. Aga (In yi	rs. last birtho	Months Dave		n. (Month, De	th by, Year) 17, 1915	Birthpiace (State or Foreign Country) Maryland
	and		10e. Stete 10b. County	10c.	City, Town o	r Location				10d. Inside City Limits
	the Mery 28a-1 sho	Director	MD Carrol 10e. Street end Number	ı w	estmin					1 ☐ Yes 2 Ø No
	23a or		704 Franklin A				21157		10g. Citizen of Wh United	States
Maryland 21215-0020	72 hours after death with the Meryland "natural", or items 23s or 28s-1 show adical Examinet must be not hed at	by Funeral	11. Maritel Stetus 1 □ Never Merried 2 □ Marriad 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Ever in Armed Forcas? 1 ☑ Yes 2 ☐ No ff Yas, Giva Yeer or Detes:		13. Was Decedant of I If Yes, specify Cub 1 ☐ Yes 2 Ø No		Specify Yas or No irto Rican, etc.)	14. Race - Bleck, Specify:	American Indien, Whita, atc.
2-0	72 ho	Completed	15. Decedant's E (Specify only highest gro	ducation	16e. D	ecedent's Usual Occup	pation	odkina	16b. Kind of Busin	ness/Industry
21		npie	Eiementery/Secondery (0-12)	College (1-4or 5+)	- li	Give kind of work done fe. DO NOT use retire	d)	UINING		
2	filed within Hygiene. ther than "	S	12			sales exec				dairy
P	be filed tal Hygid d other	Be	17. Fathar's Name (First, Middle, Last)			18. Mother's N	eme (First, Middle,	, Meiden Sumeme)	
yla	2 should be to and Mental I is marked or reumatic ever	ပို	Rupert Hughes					Edna	Marie Kr	iener
Jar	2 sh and is m		19e. Informant's Neme/Reletionship (leiling Address (Street				
6	s 1 and 2 should be filed f Health and Mental Hyg tem 27 is marked othe other traumatic event,		Enid Irene Mor			704 isposition (Name of	Franklin	100		er, Md 21157
Baltimore,	permit. Pages 1 en Depertment of Heal Important: If Item 2 any Injury or other once.		20e. Method of Disposition 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Special	Removei from Stata	cematery,	cremetory or other ple	' '/	11/96 ry	20c. Location - Ci	nore, MD
Balt	Dependent Dependent any Injury		21. Signatura of Funerei Service Lica	nsee	_	22. Name and Address 412 Was				, MD 21157
			23a. Pert1. Entar the disease, or comshock, or heart feilure. List only	pilcations that caused the de	eath. Do not			•		Approximata
d	Physician		snock, or neert tellure. List only	one ceuse on eech line.						Intervel Between Onsat and Deeth
U	/Medical		Immediate Cause (Final disease or condition	· Isch	-	An 4	De			50
	Examiner		resulting in death)	e. 4 5C4	LOVE BOOK	c /learly	VISEGE			Jears.
		ner		549 (0	(0) 63 6 001	isoquerice orj.				
,	axecuted in and fel-trensit	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying	bDue to	(or es e cor	rsequence of):				
ox 68760,	certificete be axecuted nding physician and use es the buriel-trensit	VMedical	Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	CDue to	(or es e con	sequence of):				
Box	tte tte	clar	Day II Out a last of a last							
P.O.	res thet the devigned by the e	/ Physician/	Pert II. Other significant conditions of	ontributing to death but not r	esuiting in tr	ne underfylng cause gr	ven in Pert I.			ibute to the cause of death?
Vital Records,	ew requi	Completed by							an autopsy ormed?	24b. Were autopsy findings available prior to completion of cause of deeth?
=	T age	3						10	Yes 2 No	1 Yas 2 No
/ita	ysician: The	Be	25. Wes case rafarred to medical examiner?					eeth (Check only	one)	
of	Physician: rthis certific ral director,	2	1 ☐ Yas 2 ☑ No			STIENT 3L DOX		Homa 5 Rasi	dence 6 Other	(Specify)
	After fune	Certification:	27. Menner of Deeth 1 Naturel 5 Pending 2 Accident Invastigatio		28b. Tim Inju	ry Wo	ryet rk?]Yes 2 ☐ No	28d. Describe	how injury occurred	
Division	2 th 2	Sertific	3 Suicide 6 Could not b	28e. Pieca of Injury - At building, etc. (Spe	home, ferm cify)	, street, fectory, office		28f. Location (City or To		or Rural Route Number,
	To the Hospital or At within 24 hours after or the Funeral Direct completely filled in by	edicai (29a. Certifier 1 Certifying Pr	yefcfan: To the best of my kinner: On the basis of exami	nowledge, d nati <i>on</i> end/o	eeth occurred et the ti or Investigetion, in my o	me, dete end ple opinion, deeth oc	ce, and due to the curred et the time,	cause(s) end mann date and pieca, en	ner as stated. d due to the cause(s)
	To the within 2 To the comple	Me	29b, Signature and little of gertifier	(//		29c. Licens	sa number		29d. Dete signed (Month, Dey, Year)
3			home	Alle.	eno.	D20	6385		7-9-96	
				completed cause of deeth (It			reglits A	edual C	outer W	etmisterks.
	Sta Registr	_	31. Date filed (Month, Dey, Year) JUL 1 0 19	Registrar's Sig		all.	-			
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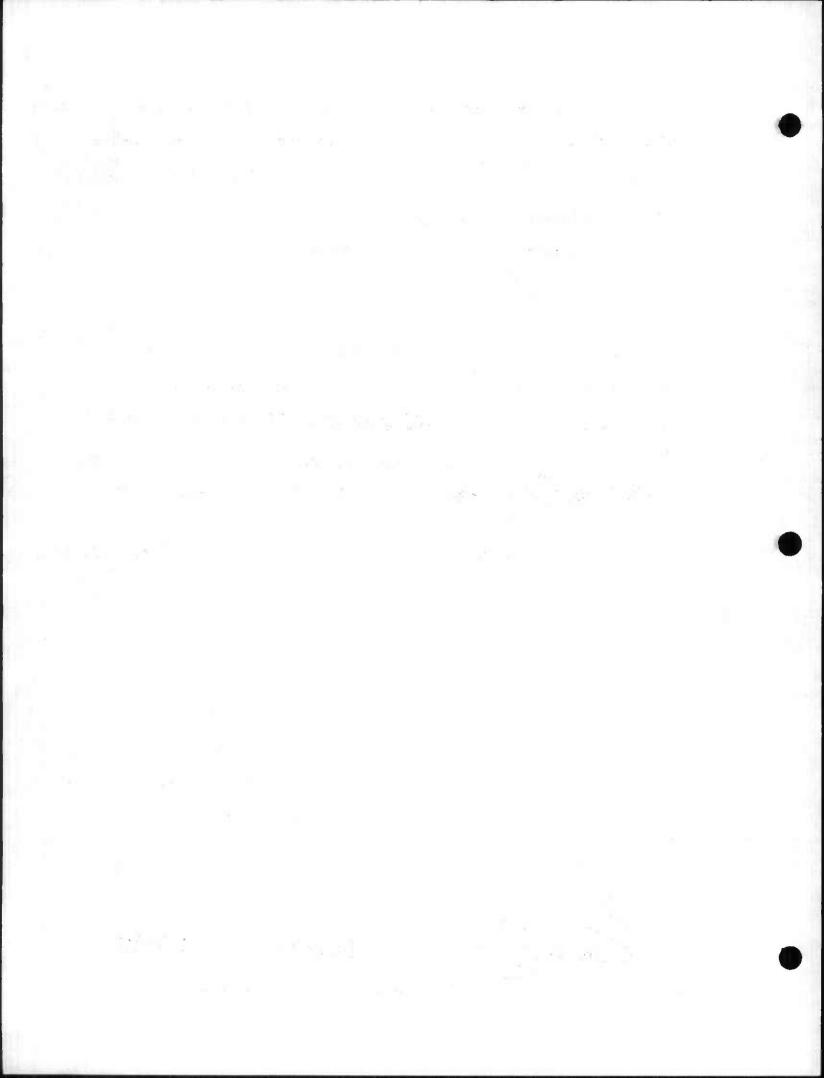


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						Certificat	e of	Death		Reg. No.	50	12 1 5 0 1
	Physis	lan	1. Decedent's Neme (First, Middle, Li	ast)					2. Dete of De Month	eeth Day	Yeer	3. Time of Deeth
	Physic Medi/		Sh	irley	Colleen		Ste	phens	July		996	19:30
	Exami		4e. Fecility Neme (If not Institution, gi)			4b. City, Town, or Lo	ocation of Deet	h 4c. Count	y of Death	
			4702 Sotterly La	ne				Lothian		Anne	Arund	el
	Funeral Director			Sex 7. Aq 1□M 2½F 7]	ge (In yrs. last birl	rs. If Under Months	1 Yeer Days		8. Dete of Bin (Month, De May 8,	ey, Year)	9. Birthp Coun Iowa	eca (State or Foreign try)
	pue **		10a. Stete 10b. County		10c. City, Town	or Location					11	0d. Inside City Limits
	Mery f sho	Po	MD Anne Ar	undel	Lothia	1						1 ☐ Yes 2 ☐ No
	r 28a	<u>1</u>	10e. Street end Number			10f. Zip	Code			10g. Citizen of	Whet Coun	try?
	23a o	alD	4702 Sotterly	Lane			20	711		USA		
21215-0020	a 1 and 2 should be filed within 72 hours after death with the Meryland Health and Mental Hyglene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Expansion must be notified at	by Funeral Director	11. Meritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces' 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Detes:	7			Hispanic Origin? (Sp een, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)		ca-America eck, White, o by: Whit	etc.
2-0	72 ho	ted	15. Decedent's E (Specify only highest gr	ducation	16e.	Decedent's Usua	el Occu	pation	ina	16b. Kind of E	Business/Inc	lustry
2	ithin Be	Completed	Elementery/Secondery (0-12)	College (1-4or	5+)			during most of work	nig	Pople		
2	led w lygier nt, th		12			Loan Of:	LICE			Banki		
anc	2 should be filed v and Mental Hygie Is marked other traumatic event, the	Be	17. Fether's Neme (First, Middle, Las Edward James Si	,				18. Mother's Nem			me)	
2	should nd Men marks umatic	2	19e. Informent's Neme/Relationship		106	Mailing Addrage	/Stron	tand Number or Run			Ctoto 7in	Codel
S S	trau		Gail A. Short	Type, Time,	5	222 Cott	Onw	ood Drive	, Lothi	an, MD	2071	1
Baltimore, Maryland	of Health of Health Heam 27 is cother tre		20e. Method of Disposition		20b. Plece of	Disposition (Na	ne of		Dete	20c. Location	- City or To	wn, Stete
Ë	permit. Pages Department of I Important: If He any Injury or o once.		1 D Buriel 2 □ Cremetion 3 D 4 □ Donetion 5 □ Other (Speci			y, cremetory or o		t't. Cem.	7-16-9	6 San D	iego.	CA
<u>=</u>	Mit.		21. Signature of Furthral Selvice Lice					ess of Fecility	, 10 4	O Dan D	1080,	
m	SOLES		1/1/1/1/	///	00	Rausch	ı Fu	neral Hom	e, Owi	ngs, MD	207	36
	Physician /Medical Examiner		23 Part. Enter the disease, or conshock, or heart feilure. List only immediate Cause (Final disease or condition resulting in deeth)	one cause on each I	ine.	- 5m		ng, such es cardlec			R	Approximate Interval Batween Onset and Death
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	lificate be executed g physician and as the buriel-transit	edical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	0,	Due to (or es e o	onsequence of):						
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ğ	atter of for u	clar	Part II Other elevitions constitues	and the state of a death to		المالية المالية المالية		Title Bilan	OOL DU	A-6	1	
o.	ires thet the death cer signed by the attendin d be deteched for use	Physician/M	Pert II. Other significant conditions	contributing to death b	out not resulting in	tne underlying c	ause gr	ven in Pert t.		Yes 2□ No	3 □ Prot	the cause of death?
S,	gned oe del	by P										
Division of Vital Records, P.O. Box	need houl	Completed								an eutopsy ormed?	eva	re autopsy findings illeble prior to npletion of cause deeth?
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ב	ding Phy h. After thi funerel	lo	27. Menner of Deeth 1 Neturel 5 □ Pending	28e. Dete of Inju (Month, Da		ime of 2 ijury M	8c. Inju Wo	ry at rk?] Yes 2 □ No	28d. Describe	how injury occu	rred	
JINISI	r Atten frector: n by the	Certification:	2 Accident Investigetion 3 Suicide 6 Could not be determined	e 28e. Piece of In	jury - At home, fer c. (Specify)			7 165 2 1140		Street and Num wn, State)	ber or Rura	l Route Number,
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	edical Co	29e. Certifier (Check only one) Certifying Pl	nysician: To the best ntner: On the basis o	t exemination end	deeth occurred Vor investigation	et the ti	me, dete end pleca, oplnion, deeth occurr	end due to the red et the time,	ceuse(s) end m date end placa	enner es st	eted. the cause(s)
	Withir To th	Me	29b. Signature and title of officer	10		290	. Licen:	se number		29d. Dete sign	ed (Month, I	Day, Year)
			1 Cur	La	1		00	19294		29d. Dete signe 7/8	146	
	5		30. Neme and eddress of person who	computed cause of c	leeth (Item 23e) (Type, Print)				-		
			Dr. Hughes		10810	Connecti	cut	Ave., Ke	ensingt	on, MD		
	Sta	to	31. Dete filed (Month, Day, Year)	32. Registr	rar's Signeture							

32. Registrar's Signeture

State Registrar



State of Maryland / Department of Health and Mental Hygiene 96

					Cert	ificate of I	Death		Reg. No.		
			1. Decedent's Name (First, Middle, Last)					2. Date of De	eath		3. Time of Death
	Physic		DIMII MODDIC		S	heubroo	oks	July	9 Day 19	96	10:35 AM
	/Medi Examii		RUTH MORRIS 4a. Facility Name (If not institution, give street and number)					Location of Deal		y of Death	10.33 111
	Exami	iei	Memorial Hospital		ton		Easto	n	Tal		
_		-		a (In yrs. last birth		if Under 1 Yaar	if Undar 24 Hrs	S. P. Date of Bi	irth	O Biebe	placa (State or Foreign
L	Funeral Director		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Months Days	Hours Min	OCT.	22,190	8 2	ELAWARE
	ylend Mow		10a. State 10b. County	10c. City, Town	or Loca	ation				1	Od. inside City Limits
	the Man	ector	MD QUEEN ANNE 'S	CEN	TRE	10f. Zip Code			10g. Citizen of	M/hat Caus	1 ☐ Yes 2 ☐ No
	eth with	Funeral Director	1201 JOHN BROWN ROAD				2161		USA		
21215-0020	J within 72 hours after deeth with the Maryland jiene. I than "natural", or items 23a or 28a-1 show than Medical Examiner must be inclined at	þ	11. Marital Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced 12. Was Decedant I Armed Forcas? 1 □ Yes 2 □ N If Yes, Give X Yaar or Datas:		lf \	as Decedent of H Yes, specify Cube	ispanic Origin? (i on, Mexican, Pue Specify:	Specify Yes or North		ce - Amaric ack, White, fy: WH	
2-0	72 h	eted	15. Decedent's Education (Specify only highast grada completed)	16a. [Decede	nt's Usuai Occupand of work dona of NOT use retired	ation	nrkina	16b. Kind of E	lusiness/In	dustry
1212	within sne. than	Completed	Elementary/Secondary (0-12) College (1-4or 5)+)		NOT use retired USEWIFE		anniy	OWN	HOM!	iE
	e filed other vent, n	Ü	17. Father's Name (First, Middla, Last)				18. Mother's Na	me (First, Middle	e, Melden Sumei	ma)	
maryland	A 2 7 6	To Be	SHADRACK LAWRENCE MORI	RIS			NO:	RA ANDE	ERSON		
a	should and Men marke umatic	_	19a. Informant'a Neme/Relationship (Type, Print)	19b.	Mailing	Address (Street	end Number or F	lural Route Numb	ber, City or Town	, Stete, Zic	Code)
	olth a		LARRY A. SHEUBROOKS/ SO	ON 14	0 I	COCUST	GROVE :	FARM LA	ANE, CE	NTRE	EVILLE, MI
galtimore,	Pages 1 and nent of Heelth int: If Item 27 iry or other th		20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify)	20b. Place of I	Disposit		(a)	Date	20c. Location CENTRE	- City or To	own, State
Balti	permit. Pages Department of Important: If It any Injury or once.		21. Signature of Funeral Sarvica Licansee		FEI		HELFEN				NERAL HOMI
	_		23a. Part1. Enter the disaasa, or complications that caused	CERON						MD	Approvimen
			shock, or haart failure. List only ona cause on each lin	10.	or enter	tha moda or dyin	g, such as cardie	ic or raspiratory a	arrast,		Approximate Interval Between Onsat and Death
	Physician /Medical Examiner			CARD			VFARC	TIOU		1	36 Pw
		er		Due to (or as e co					20	1	
	uted d ansit	edical Examiner	b. CON	J G G ST	TV.	12 HG	121 F	HILL	PE	i i	years
	avacu n and el-tre	Exa	if any, leading to immediate						1001	- 1	9
3	entificate be executed ding physician and se as the buriel-trensit	<u>e</u>	cause. Enter Underlying Cause (Disease or Injury that initiated events	2 6AS			25720	MC BI	LIEIED		324
08/00,	phy:	B	resulting in death) Last	Due to (or as a co						1)
×	onding use a	3	d. D761	BETE	5	MBCG	ETUS			1	years
0	eath certifi ettending p I for use as	clar									0
j.	the d	Physician	Part II. Other significant conditions contributing to death but	at not resulting in	the und	lerlying causa give	an in Part I.	23b. Did	tobacco use co	ontribute to	o the cause of death?
7	requires thet the death een signed by the etter hould be detached for o	by Ph	174POTENSION	\mathcal{O}_{-}				. 10	Yes 25 ENO	3 Pro	bably 4 Unknown
Hecords,	aw 2 s b	Completed	ANEM IA						s an autopsy formed?	av ço	are autopsy findings allable prior to impletion of cause death?
	E se	Son						1 🗆	Yas 2 No	10	Yes 20 No
VIII	ysician: The is certificate director, pag	Be (25. Was case referred to medical axaminar?				26. Plece of De	eth (Check only	one)		
_	G 60 Z	To	1 Yas 30 No Hospital: Inpatie	int 2 ER/Outp	patient	3□ DOA Oth	er: 4 Nursing	Homa 5 ☐ Ras	idanca 6 🗆 Ot	her (Specif	(y)
0	Attending Physician: or death. ector: After this certific by the funeral director,		27. Menner of Death 28a. Date of Injur		me of	28c. Injun Worl	at	28d. Describe	how injury occu	rred	
0	thendin death. stor: Aft y the fur	atlo	1 Natural 5 Pending (Month, Day 2 Accident invastigation	7007	july		Yes 2 □ No				
DIVISION	X = = C	Certification:	3 Sulcide 6 Could not be	ury - At home, fem c. (Specify)	m, stree	t, fectory, office			(Street end Num own, Stete)	ber or Rure	al Route Number,
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	edical C	29e. Certifler (Check only one) Certifying Physician: To the best of and mannar sta	examination end/	death o	occurred et the time stigation, in my op	ne, dete end plac pinion, death occ	e, and due to the urred at the time	cause(a) and m	anner as s , end due to	stated. the cause(s)
	of the complete of the complet	Me	29b. Signature and title of certifien	1		29c. Licanse	a number		29d. Date sign	ad (Month.	Dey, Year)
L	- s - ö		SIE	- MX		17	CALL	٥	7/0	100	/
			- T ly me	WILL)	<u> </u>	103	504:	0	119	1191:	5
			30. Name and address of person who completed causa of de	1/			1 TI 1 TI TI TI TI	7777	MD 216	17	
				P.O. I	ROX	339, (LENTKEV	Thrp,	MD 216	1/	
	Sta	te	31. Data filed (Month, Dey, Year) 32. Registra	r's Signature							

Julia Vavidson-Pandall

JUL 1 1 1996

B.K.S ITEM: 23PART II, PER MED FILM G-739 9/9/96 t.t Certificate of Death

State of Maryland / Department of Health and Mental Hygiene

21984

						•	Julinua	10 01	Dealii			Reg. N	0.			
Physician /Medical		1. Decedant's Neme (First, I BROOKS	Middle, La		LFIELD)					2. Date of Do Month JULY		ey 1	Yeer 996	3. Time of D	PM.
Examiner		e. Fecility Neme (If not Insti	tution, giv	e street end nu	mber)				4b. City, To	wn, or L	ocation of Dea	h 4	c. County	of Deeth		
		PENINSULA	REG:	IONAL	HOSPIT	AL	E.R.		SAL	ISB	URY		WIC	OMIC	0	
Funeral Director		5. Sociel Security Number 229–27–5281		Sex XM 2□ F	7. Age (In yrs.	lest birth	Months	Deys		24 Hrs. Min.	8. Date of Bi (Month, D Jan. 8	ey, Year			olece (Stete or i otry) ginia	Foreign
	- 1-	Usuel Residenca of Deceder													0=	
show		10e. State 10b. Co	unty		10c. Cit	ty, Town	or Location							1	0d. Insida City	Limits
be notified at		Maryland Wo	rcest	er	P	ocom	oke								1 ☐ Yes 2	₩ No
or 2		10e. Street end Number					10f. Zi	p Coda				10g. C	itizen of V	What Cour	ntry?	
		7937 Dividen	Cree	k Road			21	.851				US	SA			
Examiner must Examiner must by Funeral		11. Maritel Status 1X Never Merried 2□	Married	12. Wes Dec Armed Fo 1 Yes If Yes, Gi	2 No	,S.	13. Wes Dece If Yes, spe			gin? (Sp , Puerto	ecify Yes or No Rican, etc.))-	Bled	k, White,		
by By		3 ☐ Widowed 4 ☐ Divo	rced	Yeer or D	ve lates:		ILI Yes	2 <u>A</u> J NO	ъресту:				Specify	Bla	ıck	
natural, adical Ex leted by		15. Dec	edent's Ed	ducation de completed)		16e. D	ecedant's Usu Give kind of wi	el Occu	petion during most	of work	ina	16b. i	Kind of Bu	usiness/in	dustry	
of the Medical		Elemantary/Secondary (0-7th	-	Collega (udent	isa ratire	ed)			Poc	omok	e Jr	. High	Sch
Important: If Item 27 is marked other than any injury or other traumatic event, the Mannes. To Be Compi		17. Fether's Neme (First, Mic Donald Collin									e (First, Middle	, Meide	n Sumem			
EE		19a. Informent's Name/Rele	tionship (Type, Print)		19b. N	Aailing Addres	s (Street			ai Routa Numb			Stata Zin	Code)	
27 is trai		Joyce Schools	ield								ad, Po					
the state of	1	20e. Method of Disposition			20b. F		isposition (Na		l Olee.	K KC	Dete Dete				own, State	
ry or		1 ☑ Burial 2 ☐ Cremel			State	emetery,	cremetory or	other ple	,	ah T					aryland	
Importa any inju once.	3	21. Signature of Funerel Ser			110	c DI	22. Nema e	nd Addre	ess of Fecility	У	neral H		оток	.e, M	aryland	
Important: If any injury or once.	1	XDIM 4	1. /	my	el)		P.0	. Bo	x 168	7, E	laston,	Mar	ylan	d 2:	1601	
/sician		23e. Purit Enter the disees stook, or haart failura.	e, or com List only	plicetions thet cone ceuse on a	aused the deet ach line.	h. Do no	enter the mo	de of dyl	ng, such es	cardiac	or respiretory e	errest,			Approximate Interval Betwa Onset end De	an eth
ledical aminer	ш	Immediete Ceuse (Finel diseese or condition resulting in deeth)		· Dr	owne											
oiner I					Due to (o	or as a co	nsaquence of)	*								
is is				b		-										

Physician/Medicai þ Completed Be 2 Certification:

use es the buriel-tra

or Attending Physician: The law requires that the death certificate be execut

this certificate hes

After t

of An.

Is efter dea.

In Director: An.

In by the fire

To the Hospital o within 24 hours ef To the Funeral Di

Division of Vital Records, P.O. Box 68760,

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet Initiated evants resulting in deeth) Lest 25. Wes case refarred to medical exeminer? 1X Yes 2 □ No 27. Menner of Deeth 1 ☐ Netural 2 Accident 3 ☐ Suicide 5 Pending Investigation 6 Could not be

4 Homicide

(Check only one)

31. Dete filed (Month, Day, Year)

Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. ∠ LEFT VENTRICULAR HYPERTROPHY

1 ☐ Inpatient ※ ☐ ER/Outpetient 3 ☐ DOA

28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify)

196

28b. Time of Injury

1500 HK

Due to (or es e consequence of):

Due to (or es e consequence of):

23b. Did tobacco use contribute to the cause of death? 4 Unknown 1 ☐ Yss 2 ☐ No 3 ☐ Probably

24e. Wes an eutopsy performed?

24b. Were eutopsy findings aveileble prior to completion of cause of death?

2 No 26. Pleca of Death (Check only or

2□ No

		5 Residence	0 000	101
4 Li Nursing F	ome	5 Hesidence	8 Li Otner	(Specif
		D		

28c. Injury et Work? 1 Yes

mber or Rural Route Number,

pon 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signeture end title apportifier

29c. License number O.C.M.E 29d. Date signed (Month, Dey, Year) JULY 7, 1996

30. Neme and eddress of person who completed cause of death (Igm 23a) (Type, Print) THEODORE MIKI

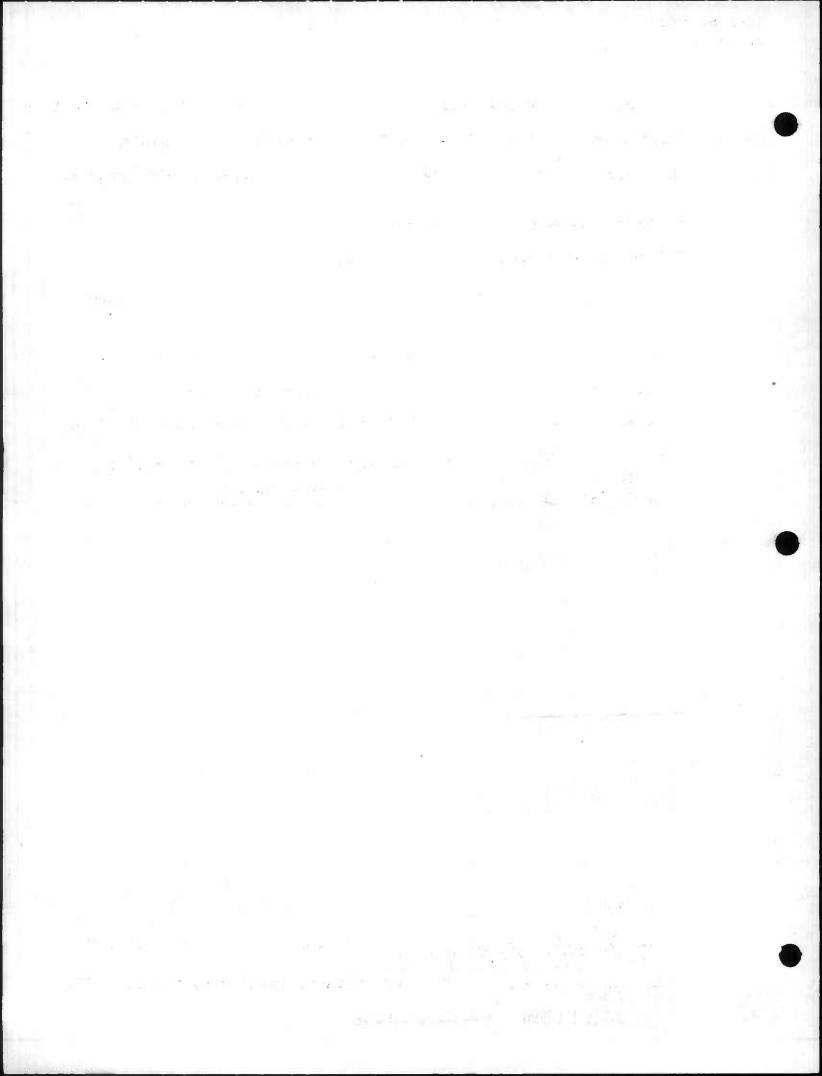
111 Penn Street, Baltimore, Maryland 21201

State Registrar

Medical

JUL

32. Registrer's Signeture Luha Davidson.



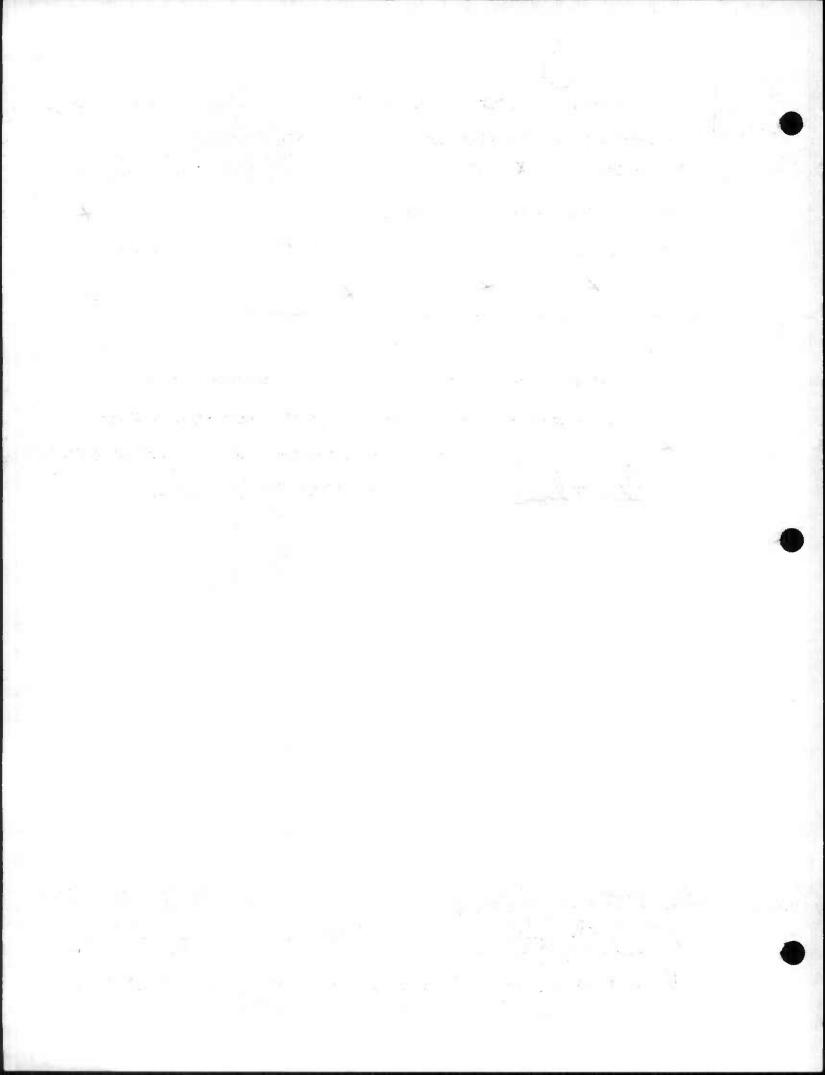
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State of Marvland / Department of Health and Mental Hygiene 96 21985

						Cei	rtificate o	f D	eath			Reg. I	No.		
			1. Decedant's Nama (First, Middla,	Last)							2. Data of D				3. Time of Death
	Physic		Priscilla Arl	ene Sett	-16						July 5		996	Yaar	0243
	/Medi Examiı		4a. Facility Nama (If not institution,					4b.	. City, Tov	wn, or Lo	ocation of Dea	-	c. County o	f Death	0243
	LAGIIII	ICI	Calvert Memor					Pı	rince	Fr	ederic		Calve		
-	Funeral			. Sax		. last birthday)	If Undar 1 Ya		If Undar		8. Data of B	irth		9 Birtho	iace (Stata or Foreign
п	Director		579-22-5182	1□ M 2□XF	70		Months Day	/5	Hours	Min.	JULY	ay, Yes	1925	WA	iace (Stata or Foreign tro) SHINGTON, 1
	_		Usual Rasidance of Decedant				11								
	yland	-	10a. Stata 10b. County		10c. C	ity, Town or Lo								1	0d. Insida City Limits
	Mar Mar	to	MARYLAND CAI	LVERT		CHE	SAPEAK	E	BEAC	CH					1 Yas 2 No
	1 28 1 1 28	Director	10e. Street and Number				10f. Zip Code					10g. (Citizan of Wi	hat Coun	itry?
	3a o		3111 HIGHVIEW	ROAD				20	732				U.	S.A	
	deatl	Funeral	11. Marital Status		edant Evar in U		Was Decedant of	of Hisp	panic Orig	gin? (Sp	ectly Yas or N	0-	14. Race	- Amaric	an Indian,
0	the r	Ē	1 ☐ Navar Marriad 2 ☐ Married		2 🕅 No		f Yas, specify C			, Puarto	Rican, atc.)		Black	, Whita,	atc.
21215-0020	72 hours after death with the Maryland "natural", or flams 23a or 28a-f show kdical Evaniner must be notified at	þ	3 ☐ Widowed 4 🖾 Divorced	If Yas, G Yaar or D	iva Datas:		1□Yas 2℃N	lo	Specify:				Specify:	M	HITE
9	2 ho	Completed	15. Decedant's	Education		16a. Deced	dent's Usuai Occ	cupati	ion			16b.	Kind of Bus	inass/Inc	dustry
215	5 . 5	ple	(Specify only highast (Elamantary/Secondery (0-12)		1-4or 5+)	lifa.	kind of work do DO NOT usa ret	na du ired)	nng most	or work	ing				
2	d withingiene.	OT	II	Conogo (1 401 01)	ELE	CTRONI	C	TECH	Η.		U.	.s.go	VT.	
밀	be filed tal Hygie d other event, tr	Be	17. Fathar's Name (First, Middla, La	*				1	8. Motha	r's Name	a (First, Middle	a, Maid	an Sumama)	
<u>a</u>		TO E	LESLIE FRANI	KLIN SE	TTLE				CAI	ROL	YN BLA	NZ			
Maryland	g B E E		19e. Informant's Name/Raletionship	(Type, Print)		19b. Meilir	ng Addrass (Stre	et an	nd Numbe	r or Run					
	4130		DONALD SETT	LE		4459	OLD NA	TI	ONA	L P	IKE M	IT.	AIRY,	MD.	21771
re	Peges 1 an ment of Heat ant: If item 2 ury or other		20a. Mathod of Disposition		1	comptany cras	sition (Nama of	danal)		Data		Location - C		
Ĕ	Pege ent. mt: m		1 Burial 2 □ Cramation 3 4 □ Donation 5 □ Othar (Spe		Stata SOT	JTHÉRN	MEM.G	ΑŔ	DEN	s 7.	-6-96	DUI	NKIRK	,MA	RYLAND
Baltimore,	교원관합.		21. Signatura of Funaral Sarvice Lic			722	AYMONI	drass.	of Eacility	Y 2 T	HOME				
m	Depa impo any l		12/1/	04		/ /	UNKIRK					54			
			23a. Part1. Entar the disease, or co	emplications that	caused tha daa									1	Approximata
	Physician	()	shock, or heart failure. List on	ly ona causa on	aach lina.			,							Interval Between Onsat and Death
9	/Medicai		Immediata Causa (Final	Pa 1	-A 0	0.1	. 0	0	0	0					
	Examiner		disaasa or condition rasulting in daath)	a. 1440	ralia	GASC	inad	J.	woll-	al .	mae	٥,		i i	
		je		7	5chen	or as a consec	quance of:							I	
	od ansid	Examiner	Sequentially list conditions	b		or as a consec	mance of).					-			
oʻ	exac an an rial-tr		Sequentially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Diseasa or Injury that initiated evants	M	. 14	< al			_ +	Fa D					
68760,	ertificate be executed ding physician and se as the burial-transit	Medical	Cause (Diseasa or Injury that initiated evants rasulting in death) Last	c	Dua to (or as a conseq		()	_ /						
	5 0 6	Ped	rasulting in daath) Last											i	
XO			•	d										-	
œ.	death e atter ed for u	Physician	Part II. Other significant conditions	contributing to d	eath but not ras	suiting in the u	ndarlving causa	givan	in Part I.		23b. Dic	tobac	co use cont	ribute to	the cause of death?
P.0	t the by th	h		3											bebly 4 Unknown
S, F	signed b	by F					· · · · · · · · · · · · · · · · · · ·					1.372			
Ë											24a. Wa	s an au	topsy		ere eutopsy findings ailabla prior to
Record	- D 0	Set									pen	ormed'	/	CO	mpletion of cause death?
R	0 - 0	Completed									10	Yas	2 No	1.]Yas 2□No
Vital	ician: Th certificate rector, pa	Be C	25. Was case rafarred to medical		-				26 Place	of Deat	h (Check only	_	T.		3163 20110
>		ToB	axaminar? 1 ☐ Yas 2 ☐ No	Hospitel:	npatiant 2	ER/Outpatier	t 3D DOA	Other:	•		ma 5 Ras		6 ∏Other	(Snecif	v)
o			27. Manner of Death	28a. Deta	of Injury	28b. Tima of		ijury a			28d. Dascribe				7
Division		10	1 ØNatural 5 ☐ Panding 2 ☐ Accidant invastigat		th, Day Year)	Injury			as 2 🗆 N	No					
/is	I or Attendi after death Director: A I in by the f	fice	3 ☐ Suicida 6 ☐ Could not	20a. Flace	of Injury - At h	nome, farm, str	aat, factory, offic	00			28f. Location	(Street	and Number	r or Rura	I Routa Number,
ā	5 4 5 5	Certification:	4 Homicida	build	ing, atc. (Speci	ity)					City or To	own, Si	919)		
	To the Hospital or Attent within 24 hours after deat To the Funeral Director; completely filled in by the	- 1	29a. Cartifiar Certifying	hysician: To the	bast of my kno	owladga, daath	occurred at the	tima	, date and	d piece,	and dua to the	cause	(s) and man	nar as s	leted.
	No Ho	edicai	(Check only 2 Medical Ex	aminer: On the b	asis of axamina mar stated.	ation and/or inv	astigation, in m	y opir	nion, daat	th occur	red at the tima	, data a	ind place, ar	nd dua to	tha causa(s)
	Within To the comp	ž	29b. Signatura and titia of certifiar		^	1007 IVE	29c. Lica	ansa r	number			29d. [Data signed	(Month,	Day, Year)
			W ml	1.0	hall	lust	DO		44	2		7	15	19	10
	Q'		30. Name and addrass of person wh	o complated cau	sa of daeth (Ital	m 2%) Type,	PANT)	-		~			1=1		->-()
	0		William	Mich	yel	000	mat.	40	11	_	Princ	1	Fre	Olt	nckini
	Sta	ite	31. Data filed (Month, Dey, Yaar)	32.	Registrar's Sign	atura			1					7	06 8
	Registr		JUL 101	996 4	Registrar's Sign	usx-Karda	U,								

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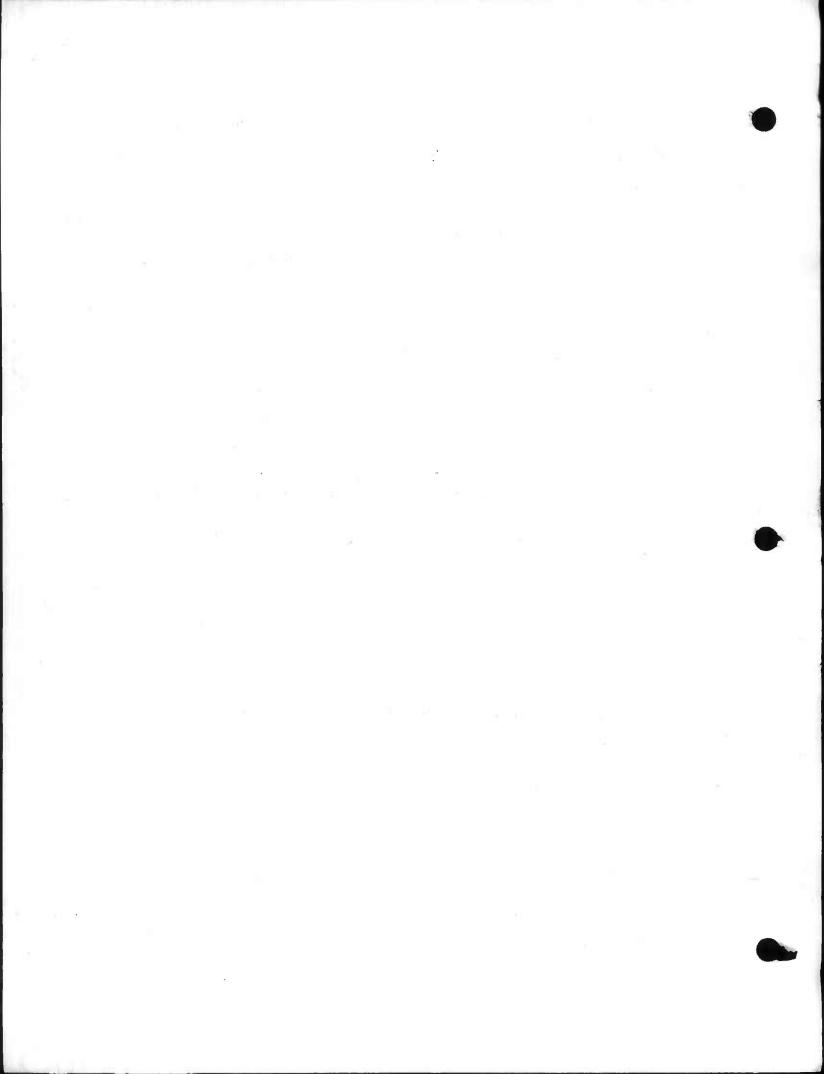
			Certificate of Death Reg. No.												
Physician /Medical Examiner										2. Dete of Deeth			3. Time of De	eath	
			EVELYN HURLEY				SEABREASE			June 27 1996		Yeer 6	8:45 pr	m	
			4e. Fecility Neme (If not Institution, give street and number)			4b. City, Town, o							,	-	
	Exami		University of Md. Medical System Baltimo							re					
	Funeral		5. Sociel Security Number 6. Sex 7. Age			(In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Months Devs Hours Min.			24 Hrs. 8. D	8. Dete of Birth		9. Birthplece (State or Foreign			
	Director		215-03-2560 1 M 2 F 81 Yrs. Months Deys Hours						De	8. Dete of Birth (Month, Day, Year) Dec. 2 1914 9. Birthplece (State or Foreign Country) Maryland					
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mentel Hygiene. Important: if them 27 is merked other than "natural; or items 23e or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.	Funeral Director	Usuel Residence of Decedent												
			10a. State 10b. County 10c. City, Town or Location Cambridge							10d. Inside City Limit					
			10e. Street and Number 10f. Zin Code											L 140	
			10e. Street and Number 701 Race St. 21613						3	10	og. Citizen of V	What Cour	ntry?		
		era era	11. Maritel Status 12. Wes Decedent Ever in U.S. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-												
		To Be Completed by Fundamental	11. Maritel Status 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never			If Yes, specify Cuban, Mexican, Puerto			Puerto Ricar	n, etc.)	Bleck, White, etc.				
20										Specity:			white		
Ş			15. Decedent's Education 18e. Decedent's Usuel Occupation							Τ.	16b. Kind of Business/Industry				
21215-0020			(Specify only highest grade completed) (Give kind of work done during most of work life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+)						of working	own home			,		
212			Elementery/Secondery (0-12) College (1-4or 5+) homemaker										home		
			17. Fether's Neme (First, Middle, Last) 18. Mother's Nem							ne (First, Middle, Maiden Surname)					
Maryland			Rile	y Georg	e Huri	ley			Kather	ine	Henry	T			
			19e. Informent's Neme/Reletions	hip (Type, Print)		19b. Meilir	ng Addrass (Stree	et and Number	r or Rural Rou	ute Number,	City or Town,	State, Zip	Code)		
			William T. Sea	brease -	husband	701	Race St.	, # 22	5 Ca	mbrid	ge, MD	2161	3		
ore			20a. Method of Disposition	• 🗆	20b. P	Place of Dispo	sition (Name of matory or other pl	ace)	De		20c. Location -	City or To	own, State		
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Records,										24e. Wes en autopsy 24			b. Were autopsy findings		
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É			4 ☐ Homicide	build	28a. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)						City or Town, State)				
			29e. Cartifiar 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.												
			(Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the tima, date and piece, and due to the cause(s) and mannar stated.												
			29b. Signature and his of cention 29c. License number 29d. Dete signed (Month, Day, Year)												
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A Years Merchant Tr. FATHER'S NAME (First, Microsis, Last) Abraham Saslaw Solution of Depth (Specific) Robert M. Saslaw 200. PLACE AND DATE OF SPECIAL Microsis (Street and Number or Read Robet Namber, City or Dam, States, 2p Code) To Domistion 5 (Commission 3) Removed from States 4 Domistion 5 (Commission 3) Removed from States 4 Domistion 5 (Commission 3) Removed from States 4 Domistion 5 (Commission 3) Removed from States 4 Domistion 5 (Commission 3) Removed from States 4 Domistion 5 (Commission 3) Removed from States 4 Domistion 5 (Commission 3) Removed from States 4 Domistion 5 (Commission 3) Removed from States 4 Domistion 5 (Commission 3) Removed from States 4 Domistion 5 (Commission 3) Removed from States 4 Domistion 5 (Commission 3) Removed from States 4 Domistion 5 (Commission 3) Removed from States 4 Domistion 5 (Commission 3) Removed from States 4 Domistion 5 (Commission 3) Removed from States 4 Domistion 5 (Commission 3) Removed from States 509 Skipper Court, Chester, Maryland 21619 220 Location — Cryp or Youn, States Cheltenham Veterans Cemeterry Cheltenham, Maryland 231 SIGNARUPO OF TURNER, Last Only one cause on each line. 232 LARGE MORDERS or FACILITY 232 LARGE MORDERS or FACILITY STELL HEBREW MEMORIAL FUNERAL HOME, INC. 233 LARGE MORDERS or FACILITY STELL HEBREW MEMORIAL FUNERAL HOME, INC. 234 LARGE MORDERS or FACILITY Sequentially flat conditions A DUE TO (OR AS A CONSEQUENCE OF): 4 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR AS A CONSEQUENCE OF): 5 DUE TO (OR A	ш			18e.	/Give kind of a	work done during n	ION nost of working		16b. KIND OF BU	ISINESS/INC	DUSTRY			
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20. METNOD OF DISPOSITION 10. BURIST 2 Cremetion 3 Ramoval from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FURERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF PACILITY STEIN HEB REW MEMORIAL FUNERAL HOME, INC 23. CARROLL ST, NW, WASHINGTON, DC 2001 23. PART I. Enter the diseases, or complications that caused 66 death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval of neathing in death) DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 5. DUE TO (OR AS A CONSEQUENCE OF): 6. DUE TO (OR AS A CONSEQUENCE OF): 6. DUE TO (OR AS A CONSEQUENCE OF): 7. DUE TO (OR AS A CONSEQUENCE OF): 7. DUE TO (OR AS A CONSEQUENCE OF): 7. DUE TO (OR AS A CONSEQUENCE OF): 7. DUE TO (OR AS A CONSEQUENCE OF): 7. DUE TO (OR AS A CONSEQUENCE OF): 7. DUE TO (OR AS A CONSEQUENCE OF): 8. DUE TO (OR AS A CONSEQUENCE OF): 9. DUE TO (OR AS A CONSEQUENCE OF): 9. DUE TO (OR AS A CONSEQUENCE OF): 1. DUE TO (OR AS A CONSEQUENCE OF): 2. NAME CLASS REFERRED TO MEDICAL EXAMINER: 1. DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): 3. DUE TO (OR AS A CONSEQUENCE OF): 4. DUE TO (OR AS A CONSEQUENCE OF): 5. DUE TO (OR AS A CONSEQUENCE OF): 6. DUE TO (OR AS A CONSEQUENCE OF): 7. DUE TO (OR AS A CONSEQUENCE OF): 8. DUE TO (OR AS A CONSEQUENCE OF): 9. DUE TO (OR AS A CONSEQUENCE OF): 1. DUE TO (OR AS A CONSEQUENCE OF): 2. APPLACE OF DEATH ("Chock only nost) 2. APPLACE OF DEATH ("Chock only nost) 2. APPLACE OF DEATH ("Chock only nost) 2. APPLACE OF DEATH ("Chock only nost) 2. APPLACE OF DEATH ("Chock only nost) 2. APPLACE OF DEATH ("Chock only nost) 2. APPLACE OF DEATH ("Chock only nost) 2. APPLACE OF DEATH ("Chock only nost) 2. APPLACE OF DEATH ("Chock only nost) 2. APPLACE OF DEATH ("Chock only nost) 2. APPLACE OF DEATH ("Chock only nost) 2. APPLACE OF DEATH ("Chock only nost) 2. APPLACE OF DEATH ("Chock only nost) 2. APPLACE OF DEATH ("Chock only nost) 2		pantra de la companya del companya del la companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya de la companya del companya del companya de la companya del companya										1.0		
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23. PART I. Enter the diseases, or complications that cause of 6 death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert felture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERTINING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQU		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cornald C. 22. NAME AND ADDRESS OF FACILITY STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL ST, NW, WASHINGTON, DC 20012												
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO THER: 1 Impatient 2 ER/Outpstient 3 DOA 4 Normaling Home 5 Needlednee 6 Other (Specify) 27. MANNER OF OEATH 1 Normaling Home 5 Needlednee 6 Other (Specify) 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT OR CERTIFIER (Chock only one) 28c. PLACE OF INJURY At home, farm, street, factory, office 28c. INJURY AT ORDING (Street and Number or Rural Route Number, Chy or Town, State) 28c. CERTIFIER (Chock only one) 28c. CERTIFIER (Chock only one) 28c. CERTIFIER (Chock only one) 28c. CERTIFIER (Chock only one) 28c. CERTIFIER (Chock only one) 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28c.	CERTIFICATION	disease or condition resulting in death) METASTATIC MELANOMA 6 WEEKS Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):												
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3 Suicide 4 Nomicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 28e. SIGNATURE AND TITLE OF CERTIFIER 28e. SIGNATURE AND TITLE OF CERTIFIER 28e. SIGNATURE AND TITLE OF CERTIFIER	표	1XXNatural 5 Pending	26e. DATE OF	INJURY	28b. TIM	IE OF 28c. IN	JURY AT ORK?	7		INJURY OCC	CURED			
296. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as a stated.		3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY — At etc. (Specify)	home, farm,	street, factory, off	ice				or Rural Ro	ute Number,		
20h SIGNATUDE AND TITLE OF CERTIFIED	OMPLE	(Check only										end menner as state		
P SUNABOSTA HEAS ON COLOGY FELLOW # D0050753 > 7/5/96 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)		29b. SIGNATURE AND TITLE OF CERTIFI		OGY F	ELLOW)	29c. LICENSE N	SOT	53	29d. DAT	F SIGNED (Moeth, Day, Year)		



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Rea. No 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** GERHARD LODEWYK SCHROEDER 1996 JULY 5:00 AM /Medical 13 4a. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 7716 HANOVER PARKWAY #204 GREENBELT FREENBELL

If Under 24 Hrs.
Hours Min.

8. Dete of Birth
(Month, Dey, Year)
DEC . 11, 1 PRINCE GEORGES If Under 1 Year Birthplace (State or Foreign Country)
 NETHERLANDS 5. Social Security Number 7. Age (In yrs. last birthdey) **Funeral** Months Days 10[M 2 F Yrs 218-82-6670 Director Usuai Residence of Decedent Peges 1 end 2 should be filed within 72 hours effer death with the Maryland nent of Heelth end Mental Hygiene. Int: If Item 27 is marked other than "natural", or Items 23a or 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limite traumetic event, the Medical Examiner must be notified at 1 Yes 2 □ No Directo MD. PRINCE GEORGES GREENBELT 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 7716 HANOVER PARKWAY #204 U.S.A. Funeral 20770 12. Was Decedent Ever In U.S. Armed Forces?

1 Yes 2 No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. 11. Meritel Stetus Was Decedent of Hispanic Orlgin? (Specity Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No þ Specify. 3 ☐ Widowed 4 ☐ Divorcad WHITE Completed 15. Decadent's Education (Specify only highest grede completed) 16a. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) INTERPRETER FOR THE DEAF HIGH SCHOOL 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be GEORGE SCHROEDER 2 NELLY VanHARTEN 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) GEORGE SCHROEDER other SAME AS ITEM #10 20b. Piece of Disposition (Neme of cametery, cremetory or other piece) 20a. Method of Disposition Date 20c. Location - City or Town, Stete permit. Peges Department of Important: If it any Injury or o 1 ☐ Buriai 2 ☐ Cremation 3 ☐ Removal from State 7/8 4 ☐ Donation 5 ☐ Other (Specify) RIVERDALE, MD. CHAMBERS CREMATORY 21. Signeture of Funerel Servica Licensee 22. Name end Address of Fecility rameerson M00091 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heef failure. List only one cause on each line. Approximate Interval Between Onset and Death "Physician Immediate Cause (Final disease or condition resulting in deeth) /Medical KAPOSI SARCOMA 8 MONTES Examiner Due to (or as a consequenca of): Physician/Medical Examiner Deficiency Syndrome Acquired Immune 4 years The lew requires that the death certificate be executed the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted events resulting in death) Last pue Due to (or as a consequence of): Box 68760, nding physician Due to (or es e consequence of) Division of Vital Records, P.O. Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown b 24b. Were autopsy findings eveilable prior to completion of cause of deeth? Completed 24a. Wes en autopsy performed? certificate hes eßed 2 12 No 1 🗆 Yes 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 1 ☐ Yes 2 No P 5 Residenca 6 □Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3□ DOA this 27. Manner of Deeth 1 W Natural 28c. Injury et Work? Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred After t 5 Pending investigation s after deeth.

If Director: Af
ed in by the fu 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 6 4 Homicide within 24 hours a
To the Funeral C 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piaca, and due to the cause(s) end manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) July N Sylle D32119 1996 30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print)

State Registrar 31. Date filed (Month, Dey, Year) **JUL 0 9 1996**

DR. BRUCE S.



M ST. N.W., SUITE 401, WASHINGTON, D.C.

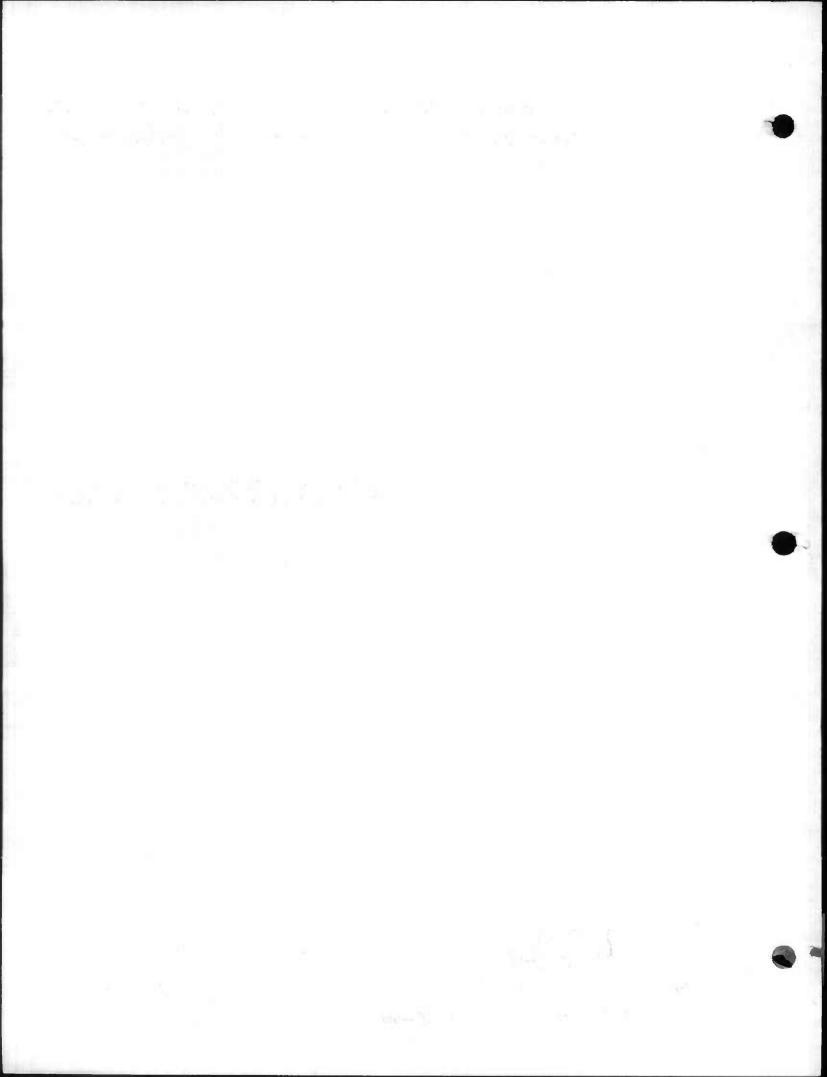
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State of Maryland / Department of Health and Mental Hygiene 96

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	Physic /Medi				Stephe	en Lee	e Sinde	n				July	6, 19	96	7:02 A.
	Exami		4e. Facility Name (If not institu Doctor's				al			4b. City, To- Lanha		cation of Deeth		y of Deeth CE G	eorge's
	Funeral Director		5. Social Security Number 164–30–1738	6. Sex	M 2□F	7. Age (In yr	58 Yrs.	If Under Months	1 Yees Deys		24 Hrs. Min.	8. Date of Bird (Month, Da Aug • 7	y. Year 1937	9. Birth Cou Pen	piace (Stata or Foraign intry) nsylvania
	and]	Usuai Residence of Decedent 10a. State 10b. Cour	ity		10c. (City, Town or L	ocation							10d. Inside City Limits
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	1th with th 23a or 21 ust be no	rai Dire	35K Ridge Roa	d				10f. Zip	Code)770)			10g. Citizen of Unit		ntry? tates
020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Heelth and Mentel Hygiene. It has not been 23 or 28e-f show other traumatic event, the Medical Examiner must be notified at	Completed by Funeral Director	11. Marital Status 1 □ Never Married XXM 3 □ Widowed 4 □ Divorce	arried	I2. Was Dec Armed Fo 1 ☐ Yes If Yes, Gi Year or D	2 X X o	U,S. 13.	Wes Deced II Yes, spec			gln? (Spe , Puerto	ocify Yes or No Rican, etc.)	Speci	ck, White,	can Indian, , etc. White
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, Maryland	and 2 sho eith and A 27 is ma er traums		19a, Informant's Name/Relation Martha Eleano					ing Address			er or Rure	il Routa Numbi	er, City or Town	, Stata, Zi	p Code)
Baltimore,	8== 5		20a. Method of Disposition 1 Burlal		emoval from	State	Piece of Disponentary, creentary,	matory or o	thar pla		7,	Date /8/1996	20c. Location Alexar		own, Stete
Balt	permit. Pa Departmen Important: any injury once.		21. Significant of Funeral Service Licanses 22. Neme and Address of Fecility Donald V. Borgwardt Funeral Home, P.A. 4400 Powder Mill Road Beltsville, Md. 2 23a. Peril. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, interesting the such as a shock, or heart failure. List only one cause in each line.												
F			23a. Pert1. Enter the diseese, shock, or heart failure. L	or complic	cetions that o	aused the de ach line.	eth. Do not en	ter the mod	e of dy	ing, such es	cardiac o	r respiretory e	rrest,		Approximete Interval Between
	Physician /Medical Examiner	er.	Immediate Cause (Final												Onset and Deeth 2 yrs. 1/ hvs 4
60,	requires that the death certificete be executed seen signed by the attending physician and should be detached for use as the buriel-trensit	ai Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	f .		Due to	(or as a conse	quence of):							
Box 68760,	eath certificete attending phys for usa as the	in/Medicai	that initiated events resulting in death) Last Due to (or es e consequence of):												
	a death	Physician/	Part II. Other significant cond	tions cont	tributing to de	eath but not re	esulting in the u	ınderlying c	ause g	iven In Part I		23b. Did	tobacco uss c	ontributs	to the causs of death?
P.0	es that the death ce igned by the attend be detached for us											10	Yss 2□ No	3 Pro	obably 4 Unknown
Division of Vital Records,	w requires been sign should be	Completed by										24a. Was perfo	an autopsy rmed?	an	Vere autopsy tindings valleble prior to ompletion of cause I death?
Re	The iew ste has b page 2 s	mo										10	Yes XXINo		Yes XXVo
ita	dolan: The	Bec	25. Was case referred to medi examiner?	cal						26. Plece	ol Deeth	(Check only o	ne)		
> >	hysic nis ce i dire	To	1 ☐ Yes XXX No	Н			☐ ER/Outpetie		/A		rsing Ho	me 5 Resid	dence 6 🗆 Ot	her (Speci	ify)
sion c	Attending Physician: or death. octor: After this certific by the funerel director,	Certification:	Z L ACCIDENT	stigation	28a. Date (Mon	of Injury th, Day Year)	28b. Time of Injury	of A	8c. Inju Wo	uryat ork?]Yes 2 XQ		28d. Describe I	how Injury occu	rred	
Divis	efter de Direct d in by t	ertific	3 ☐ Suicide 6 ☐ Cou 4 ☐ Homicide dete	mined	28e. Piaca buildi	of Injury - At ng, etc. (Spec	home, farm, st cify)	reet, factory	, office		1	28I. Location (S City or Tox		ber or Rui	ral Routa Number,
	To the Hospital or Atlanding Physician: The i within 24 hours effer death. To the Funeral Director: After this certificate his completely filled in by the funerel director, page	edical C											anner as:	stated. to the cause(s)	
	To the Tour	X	29b. Signature and title of contract	90)					se number			29d. Date sign	ed (Month	, Day, Year)
			las	83	lug.				14	+30			July 8	, 199	96
	5			ard	Roa	8 5	uite	Print)		Clint	ton,	MO	20	135	
	Sta Registr	_	31. Date tiled (Month, Day, Yea	996_		egistrer's Sig		82							



State of Maryland / Department of Health and Mental Hygiene 96 21990

						Certificate of	f Death		Reg. No.	U	21330
			1. Decedent's Name (First, Middla, La	ist)				2. Date of D	eath	MIN.	3. Time of Death
	Physic /Modi		MURIEL F.	SEIXAS				Month July	Dey 5 . 1	Year 1996	7:55 A.M
T.	/Medi Exami		4e. Facility Name (If not Institution, gh		<u></u>		4b. City, Town, or				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1			Springbrook Adve	ntist Nursi	ng Ho	me	Silver S	pring	Mont	gome	ry
	Funeral				(In yrs. last	Months Day	ar If Under 24 Hrs s Hours Min.		irth	9. Birthp	lace (State or Foreign try) York
١.	Director		086-03-11/8	1□ M 2⊠ F	81	Yrs.	110010	Oct.	1914	New	York
	p ,	1	Usuai Residence of Decedent 10a. State 10b. County		40- Oh: T	aum aut austina					
	show	<u></u>				own or Location				11	Od. Inside City Limits
	N e M	cto	Maryland Montgom	ery	Silve	er Spring					1 ☐ Yes 21 No
	ith th	Director	10e. Street end Number			10f. Zlp Code			10g. Citizen of 1	What Coun	try?
	23a	<u>@</u>	1114 Dunoon Road			2090	3		USA		
	r de	Funeral	11. Maritel Stetus	12. Wes Decedent E	ver in U,S.	13. Wes Decedent of If Yes, specify Cu	Hispenic Origin? (Suben, Mexican, Puer	specify Yes or Note Rican, etc.)		ck, White,	
20	s 1 and 2 should be filed within 72 hours effer death with the Meryland I Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumetic event, the Medical Examiner must be notified at	by F	1 Never Married 2 Married 3 ☑ Widowed 4 □ Divorced	1 ☐ Yes 2 ☑ No	0	1 ☐ Yes 2K N			Specify		
Maryland 21215-0020	hour fural	8		Year or Dates:	1 4	So. Donadantia Hayal One	unation.		40h Kind of D		
15	n 72	Completed	15. Decedent's E (Specify only highast gr	ada complatad)		 Decedent's Usual Occ (Giva kind of work don lifa. DO NOT use retii 	a during most of wo	rking	16b. Kind of B	usmess/mc	Justry
12	with the m	E	Elementery/Secondary (0-12)	College (1-4or 5+	-)				Priv	2 + 2	
9	Hyging H		17. Father's Name (First, Middla, Last)		Secretary	18. Mother's Na	me (First Middle	a, Maidan Suman		
an	d be writed	Be C	Charles Fuhse					Withal	,	,	
7	2 should be filed within end Mental Hygiene. Is marked other than " aumatic event, the Me	10	19a: Informant's Name/Relationship (Tyme Print)	1	9b. Mailing Address (Stree			har City or Town	State 7in	Code
Ma	d2s ther trau		Gail Morgenweck /			.114 Dunoon I					
0	of Health item 27 i		20a. Method of Disposition	Daughter	20b. Place	of Disposition (Nema of		Date	20c. Location		
ē	H H I		1 ☐ Buriel 2 DCremetion 3 ☐			stery, cremetory or other p					
븚	the right		4 □ Donation 5 □ Other (Spacia		Fort	Lincoln Cre		7/7/96			Maryland
Baltimore,	permit. Pages of Department of Himportant: If ite eny injury or of once.		21. Signature of Funeral Service Lice	1See	0.0	11800 New	ress of Facility Hi			ieral	Home
	444) allang	- Come	N.	Silver Sp	ring, Mar	yland	20904		
	Physician /Medical Examiner	er.	23a. Part1. Enter the dishape, or comshock, or heart failure at only immediata Cause (Final disease or condition resulting in daeth)	a. Arter	1050	Levotic 1					Interval Between Onset and Death
	ted nsit	Examiner		b							mansin
	law requires that the death certificate be executed as been signed by the ettending physician and a should be detached for use as the buriel-transit	Xa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	D	oue to (or as	a consequence of):				į	
68760,	sicia buri		Cause (Disease or injury that initiated evants	c		V(2011.101.0111.4)					
89	artificate ing phy e es the	Medical	resulting in deeth) Last	D	ue to (or as	a consequence of):				į	
Box	nding use			d							
Ď	leath ce ettendi	cla	Part II. Other plantileast and dileas			To the condition of the		ans pla	(A-b		
P.0	v requires that the de been signed by the should be detached	Physician/	Part II. Other significant conditions of				given in Part I.				the cause of death?
	that ded to		HOYL	ic ster	205	6		19	Yee 2 No	3 Prot	bably 4 Unknown
ds	ulres sign	d by	71.	etee u	.11	1		24e, We	s an autopsy	24b. We	ere eutopsy findings
00	beer beer shou	lete	Brau	ece u	uu	us		peri	formed?	cor	eliable prior to mpletion of cause
Re	0 - 0	Completed	Duch	1					nd.		death?
a	ician: The certificate hi			ny sem					Yes 2 No	1 L	Yes 2 No
₹	Physician: r this certificater,	Be	25. Was case reterred to medical examiner?	Hospital:			26. Place of De				
of	Phys this rai di	-T	1 ☐ Yes 2 No 27. Manner of Death	1 Linpatien		Outpatient 3L DOA	4 Jan Nursing I	1	how injury occur		0
Division of Vital Records,	Afte	Certification:	1 Natural 5 ☐ Pending	28a. Date of Injury (Month, Day	Year)	Injury W	ork? □Yas 2 □ No	200. Describe	Thow injury occur	100	
S	Attending or deeth. ector: After by the fune	ca	3 ☐ Suicide 6 ☐ Could not b		v - At home	, farm, streat, tactory, office		28f Location	(Street and Numb	er or Rura	/ Routa Number
<u></u>	To the Hospital or Attend within 24 hours after deet! To the Funeral Director: completely filled in by the	erti	4 ☐ Homicide datermined	building, etc.	(Specify)	, lami, shaat, tactory, onlo	9		wn, Stata)	707 O7 11Q1Q	rriodia rainos,
_	pital ours filled		29a. Certifier Certifying Ph	arelaten. To the best of	ens konsula e	ige, death occurred at the	time date and slave	and due to the			and a discontinuous and a
	Fun Fun	edical	(Check only 2 Medicat Exar	niner: On the basis of e	examination	and/or investigation, in my	opinion, deeth occu	rred et the time	, date end plece,	and due to	the cause(s)
	ithin on the on the on the	Me	29b. Signature and title of certifier	ond monner state		29c. Licer	nse number		29d. Date signe	d (Month, I	Dav. Year)
	8 1 8 1			Same	m	3.05 D13					4
	2								7.5		
	7		30. Name and address of person who		ath (Item 23	a) (Type, Print)	1 4		7.10	Con	md roan
			RAJINDRA K 31. Date tiled (Month, Day, Year)				M PVEN	VUE S	ILVEK -	N KIN	10 20102
	Sta Registi		JUL 0 9 1996	32. Registrar							
	riegisti	CII	20L U 9 1996	Luke Daw	idson-A	andelle					

DHMH 16 Rev 6/95

					Siai	e or iv	aryland				Death		giene Reg. No.	96	2	1991
	Physicia		1. Decedent's Nem	e (First, Midd Lorence			Sando	val				2. Date of De Month June 2	Day	Y€	ar	Time of Death
13	/Medic	_	4a. Facility Neme (/					val			4b. City, Town, or L	1		ounty of [MAOO
	Examin	er			Adventis			Cont	0.14							
										r 1 Year	Rockville If Under 24 Hrs.			tgom		
8	Funeral Director		5. Social Security N 525-07-02	280	6. Sex 1 □ MM 2 □		ge (In yrs. le 81	Yrs.	Months	Days		8. Dete of Bir (Month, Da June 2	n y, <i>Year)</i> 6, 191	9. 5 1	Country) New Me	State or Foreign
2			Usuai Residence of				1	_								
Maryla	a-f shov	ctor	10a. Stete Maryland	Monto	jomery			k Town or I								side City Limits Yes 2 1 No
Ę	28	9	10e. Street and Nur						10f. Zi	Code			10g. Citize	n of Wha	t Country?	
the the	23a o	raiD	14120 Che	sterfi						853				ed St	tates	
5-0020 72 hours effer deeth with the Maryland	Department of Health and Mental Hygiene. Important: or itema 23a or 28a-f show important: if Item 27 is marked other then "natural; or itema 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.	by Funeral Director	11. Maritel Status 1 ☐ Never Merri 3 ☐ Widowed				Everin U,S No WWI Korea		I. Wes Dece If Yes, spe 1 Yes		Hispanic Origin? (Spean, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)			American Ind Vhite, etc. Wh	iite
15-0	natur	Be Completed	(Spec	15. Decede	nt'a Education est grade comple	eted)		16a. Dec	edent's Usu	al Occup ork done	pation during most of work	king	16b. Kind	of Busin	ess/industry	
212 d within	r then	dwo	Elementery/Seco	ndary (0-12)	Colle	ege (1-4or 4	5+)		il Enc				Fede	eral	Gover	nment
D	E S S	9	17. Fether'a Name	(First, Middle	Last)						18. Mother's Nam	e (First, Middle,	Meiden Su	mame)		
/lar	rked ric ev	ToB	Je	sus Ma	ria San	dova]	L				Candela	ria Mar	ia Si	lva		
lan,	em e	'	19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State											te, Zip Code)	
2 ·	alth er tr		Evelyn P	. Sand	oval/Wi	fe		14120	O Ches	ter	field Roa	d, Rock	ville	, Mai	cyland	20853
Baltimore, Maryland 21215-0020	nent of He int: If Item iny or oth		20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20b. Place of Disposition (Name of cemetery) 20c. Location - City of Cemetery Santa Fe National Cemetery 20c. Location - City of Cemetery Santa Fe,													
Balt Pemit.	Departr Imports any inju		21. Signeture of Fu	neral Service	P. K.	lle	M003	1	22. Name a Rockvi	nd Addro	ess of Facility Roll , Inc., 3	bert A. 00 W. M	Pumpl	nrey	Funer	al Home
	nysician		23a. Part1. Enter the shock, or hee	he disease, o rt failure. Lis	r complications t only one cause	thet cause on each i	d the death ine.	. Do not e	nter the mo	de of dyl	lng, such es cardiac	or respiratory a	rrest,		Appr inten Onse	oximate vel Between et and Death
200	Medical kaminer		immediate Cause (disease or conditio		•	Aspir	ation	Pne	umonia						2 w	reeks
	44.00		resulting in death)		a		-		equence of)				_			
P	4	Examiner			- b	Cereb	rovas	cular	r Acci	den	t				3 w	eeks
acute	tran	E	Sequentially list con	nditions,			Due to (or	es e conse	equence of)							
50,	olen s	<u> </u>	Sequentially list confidence in the confidence in the cause. Enter Under Cause (Disease or	imediete rlylng injury d		Cardi	lovasc	cular	Disea	se					yea	rs
X 68760,	iding physiclen and ise as the burial-transit	//Medical	that initiated events resulting in death) I	3	d		Due to (or	as a conse	equence of):							
Box deeth cent	e etter	Physician/M	Part ii. Other signifi	icant conditi	ons contributing	to death b	out not resul	Iting in the	underlyina	ause oi	ven In Part i.	23b. Did	tobacco ua	s contrit	oute to the c	cause of death?
P.C.	ned by the detection									- •					Probably	
cords, P.O. Box (w requires that the death certif		oleted by										24a. Was perfo	an autopsy rmed?	2	evailable	on of cause

To the Hospital or Attanding Physician: The law within 24 hours after deeth.

To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2 Division of Vital Re-

Be Comp Medical Certification: To

25. Wes case referred to medical examiner? 1 Yes 2 No

27. Manner of Deeth 5 Pending investigation 1 Naturai 2 Accident 6 Could not be determined 3 Suicide

4 Homlcide 29e. Certifier

Hospital: 1 ☐ inpatient 2 ☐ ER/Outpetlent 28a. Date of injury (Month, Day Year)

28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 28b. Time of Injury 1 Yes 2 No

3□ DOA

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated.

1 ☐ Yes 2 🖾 No

28d. Describe how Injury occurred

26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

29b. Signature and title of certifier

(Check only one)

29c. License number D41931

29d. Dete signed (Month, Day, Year)

July 1, 1996

28f. Location (Street and Number or Rural Route Number, City or Town, State)

1 ☐ Yes 2 ☐ No

30. Name and address of person who completed cause of death (item 23a) (Type, Print)

Ronald J. Schumacher, M.D. 2309 Shorefield Road Silver Spring, MD 20902-1825

State Registrar 31. Date filed (Month, Day, Year) JUL 0 9 1996



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

Reg. No.

96 2

21992

			1. Decedant's Nama	(First, Middla, Last,)		300			2. Data of De			3. Tima of Death		
	Physic		MARTH.	A Totty		,	SMITH	38		JULY	7 1996	Yasr	1:53 PM		
	/Medi Exami		4a. Facility Nama (If n		street and numbar)				4b. City, Town, o	or Location of Deat	7	ty of Death	1.55 FM		
	E.Adiiiii		NATIO	NAL NAVAI	MEDICAL	CENTE	R		BETHE	SDA	MOI	NTGOME	RY		
	Funeral		5. Social Security Nur	mber 6. Se	7. Aga	(In yrs. last	birthday)	If Undar 1 Yas	ar If Undar 24 H	rs. 8. Data of Bi		_	ice (Stata or Foraign		
	Director		578-36-19	50 1 ¹]м 2√Д F	75	Yrs.	Months Day	s Hours M	Feb. 2	, 1921	Cente	rville, T		
	pu »		Usual Rasidence of D												
	aryle show	_	10a. Stata	10b. County		10c. City, To						100	d. Insida City Limits		
	N 98 F	5				Wash	ingtor	n, D.C.					P⊇Yas 2□No		
	F 60 F	Pic	10e. Streef and Numb	oar				10f. Zlp Code	i .		10g. Citizan of	What Countr	y?		
	23a	Ta .	4000 Cath	edral Av	enue, N.W.	#708	-В	2001	16		U.S.A	•			
	ours after death with the Manyler all, or items 23s or 28s-f show Examiner must be notified at	Funeral Director	11. Marital Stafus		12. Was Decedanf E Armed Forcas?	var in U,S.	13. Wa	s Dacedant or as, specify Cu	f Hispenic Origin? uban, Maxican, Pu	(Specify Yas or No arto Rican, atc.)	0- 14. Ra	ce - Amaricas ack, Whita, at			
20	s afte	Y	1 Nevar Married		1 ☐ Yas 2 ☐ No If Yas, Giva	0		Yas 2000			Speci	T 77 .			
21215-0020	72 hours after death with the Maryland "natural", or flems 23a or 28a-f show rdical Examiner must be not fled at	d by	3 ☐ Widowed 4		Yaar or Datas:						1 1622				
5	nat nat	Completed	(Specify	 Decedant's Edulonly highast grade 	cation a <i>complatad)</i>	10	Sa. Deceden (Giva kin	if's Usual Occ d of work don	upation na <i>during most of</i> и red)	vorking	18b. Kind of E	3usiness/Indu	istry		
7	filed within Hygiene. ther than *	E C	Elamantary/Second	lary (0-12)	Coilega (1-4or 5+ +2		Homema		гөа)		Own Ho	m.o.			
	Hygin H		17. Fathar'a Name (F)	irst Middle Lest)	12		пошеща	ikel	18 Mother's N	ama (First, Middle					
an	od be	Be	John Walk	- 6 M - 17 325						Carothe		na)			
Maryland	d 2 should be filed within the and Mentai Hygiene. 7 te merked other than 'traumatic event, the Mentain the Mentain than the mentains the Mentains that the Mentains the Mentains that the Mentains that the Mentains that the Mentains that the Mentains that the Mentains that the Mentains that the Mentains that the Mentains that the Mentains that the Mentains that the Mentains that the Mentains the Mentains that the Mentains the Me	5	19a. Informant's Nam		ne Print)	1	Oh Mailing	Addrace /Stra				e State 7/o /	Code)		
S	pemit. Pages 1 end 2 should be filed within 72 ho Department of Health end Mentai Hygiene. Important: If Item 27 is merked other than "natur any Injury or other traumatic event, Ita Medical ance.		Arthur C.						et and Number or						
a)	Health Health John 27 t		20a. Mathod of Dispos		JInusbai	20b. Piaca	of Dispositi	on (Nama of	al Ave.,	Data	20c. Location				
2	Pages nent of int: If ite			Cramation 3 □R	amoval from Stata	cama	tary, cremat	ory or other p		7/19/06					
Baltimore,	it. P		21. Signature of Funa	Other (Specify)		Arlı			nal Cem.						
Ba	permit. Page Department of Important: If any injury or ance.		21. Signature of Pulla	5130 Wisconsin Avenue, N.W. Washington, D.C. 20016											
				100	MOC	956e	Was	shingto	on, D.C.	20016					
			shock, or haart i	a. Part i. Entar tha disaasa, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approx											
	Physician /Medical		Immediata Causa (Fli	nal								3,1	Onset and Death		
	Examiner		disaasa or condition resulting in daath)	8	SUB	ARACHN	NOID H	EMORRH	AGE COMP	LICATED I	3Y	- 1			
		e e				Due to (or ss		nce of): ARREST							
	uted 1 ansit	듩		_ b	,										
ć,	eath certificate be executed attending physician and for use as the burial-transit	Examiner	Sequentially list cond if any, laading to imm causa. Enter Undarly Cause (Diseasa or inj that initiated evants	itions, adiata	L	oua to (or as	s conseque	nce or):				1			
Box 68760,	sicia e bur	cai	Cause (Diseasa or inj that initiated evants	ury c		ua to (or as	a consequer	oce of):							
89	g phy as th	lan/Medicai	rasuiting in daath) Las	st		oa to (or as	a corisoquai	100 01).							
XO	andin use	2													
-	deat death	300	Part II. Other significa	ant conditions con	tributing to death but	not rasulting	in the unde	rivino causa	oivan in Part I.	23b. Dld	tobacco use co	ontribute to t	the cause of death?		
P.0	res that the de signed by the s I be detached i	Physic	-					,,			Yes 2□ No		bly 4C3Unknown		
	s tha	by F								-			71.		
Records,		Pe								24a. Wss	an autopsy ormed?	24b. Warr	e sutopsy findings lable prior to		
20	law requias been	Completed	-	<u> </u>						- pen	omieu r	com	pletion of cause		
æ	0 - 0	E								10	Yas 20 No	10	Yas 2□ No		
of Vital		BeC	25. Was casa rafarred	to medical					26. Place of D	eath (Check only					
f V	S 0 0	To	axaminar? 1 ☐ Yas 2 🖔 No	Н	ospital: 🏡 Inpatian	t 2 ER/	Outpetient	3 DOA	Whee	Homa 5□ Rasi		har (Specify)			
0	fung Ph After th funeral		27. Mannar of Death	6 T D #	28a. Data of Injury (Month, Day		. Tima of Injury	28c. In		1	how injury occu				
<u>.</u>	Attending or death.	atic	2 Accidant	5 Pending Invastigation	(Manut, Su)	, ,	mjury		☐Yas 2☐No						
Division	or Attendi efter death Director: A d in by the f	Certification:	3 ☐ Sulcida 4 ☐ Homicida	6 Could not be determined	28a. Place of Injur	y - At homa,	farm, straat	, factory, offic	a	28f. Location (Street and Num	ber or Rural I	Routa Number,		
Ö	tal or	Se			banding, ato.	(Opoony)				0.ky 67 10	m, otata,				
	ospil hour uner liii yk		29a. Certifier 1	Certifying Phys	Ician: To the best of	my knowled	ga, daath oo	curred at the	tima, data and pla	ce, and dua to tha	cause(s) and m	anner as star	ted.		
	he H in 24 he Fi plete	edicai	one)	_ Medical Examin	er: On the basis of a and manner state	ad.	and/or invasi	tigation, in my	opinion, daath oc	curred at ma tima,	data and pisce.	, and dua to ti	ha cause(s)		
	To the Hospital or A within 24 hours efter To the Funeral Director Completely filled in b	Σ	29b. Signatura and titl	a of certifiar				29c. Lica	nsa number		29d. Data signo				
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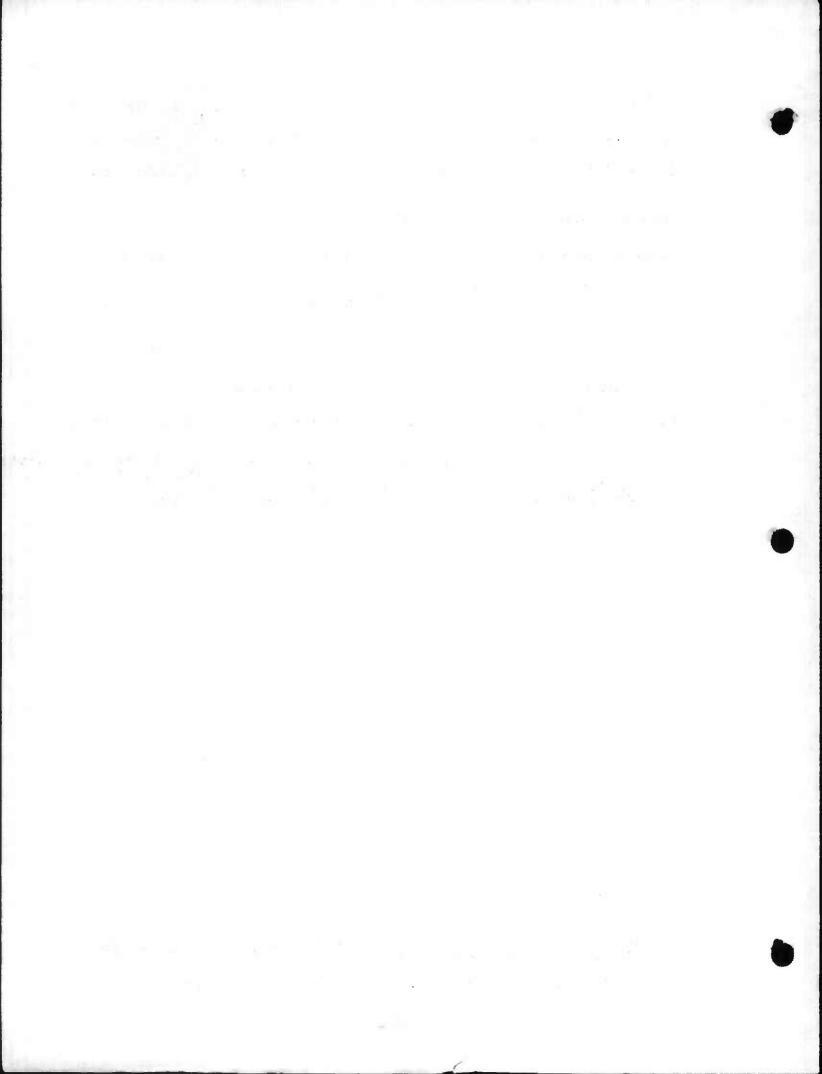
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State of Maryland / Department of Health and Mental Hygiene 96

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7	Examir		4a. Facility Name (If not institut	ion, give street end	number)		-		4b. City, Tow	vn, or L	ocation of Dea	th . 4c.	County	of Death		
7			Holy Cross H	ospital					Silve	r S	pring	1	Mont	gome	r37	
1	Funoval		5. Social Security Number	6. Sex	7. Age (In	vrs. last birthdev) If Under	1 Year	If Under 2		8. Dete of Bi	irth	Joine		-	or Foreign
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<u>e</u>	H Ha		20a. Method of Disposition		20	b. Place of Disp cemetery, cre	osition (Nar	me of	ice)		Date	20c. Loc	cation -	City or To	wn, State	
E C	Page ent c rt: If y or		1 ☑ Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other		JIII State	Gate of				37 17	/11/96	C + 1 177	~ C	hrin	a Ma	ruland
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	Physician		Lesense Six and		^									1	Onset end	Deetn
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20	permit. Pages 1 end 2 should be filed within 72 hours after deeth with the Maryland Depertment of Haalth and Mentel Hyglene. Important: if item 27 is marked other than "naturel", or items 23a or 28a-f show any figury or other treumatic event, the Medical Examiner must be notified at annex.	by Fun	1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yaar or Dates:			Yas, specify □ Yes 212			? (Specify Yas uerto Rican, e	tc.)	Blac	k, White, atc. White	
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Division of Vital	우류우드	ertification:	3 Suicide 4 Homicide 6 Could not be determined 6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number or Rural Route Number or Town, Stete)										ute Number,	
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	/		Many W.	Link	V~		Do	•	1657	20		7/11/9	6	
	15	ŀ	30. Name end eddress of person who	conseted cause of de	eth (Item 2	23e) (Type, P	rint)							
			Mary W. Zwirb, M. I	3301 Ne	w Mea	xico A	ve. N	W.	Wash	hingtor	ı, D	.C. 2	0016	

32. Registrar's Signeture

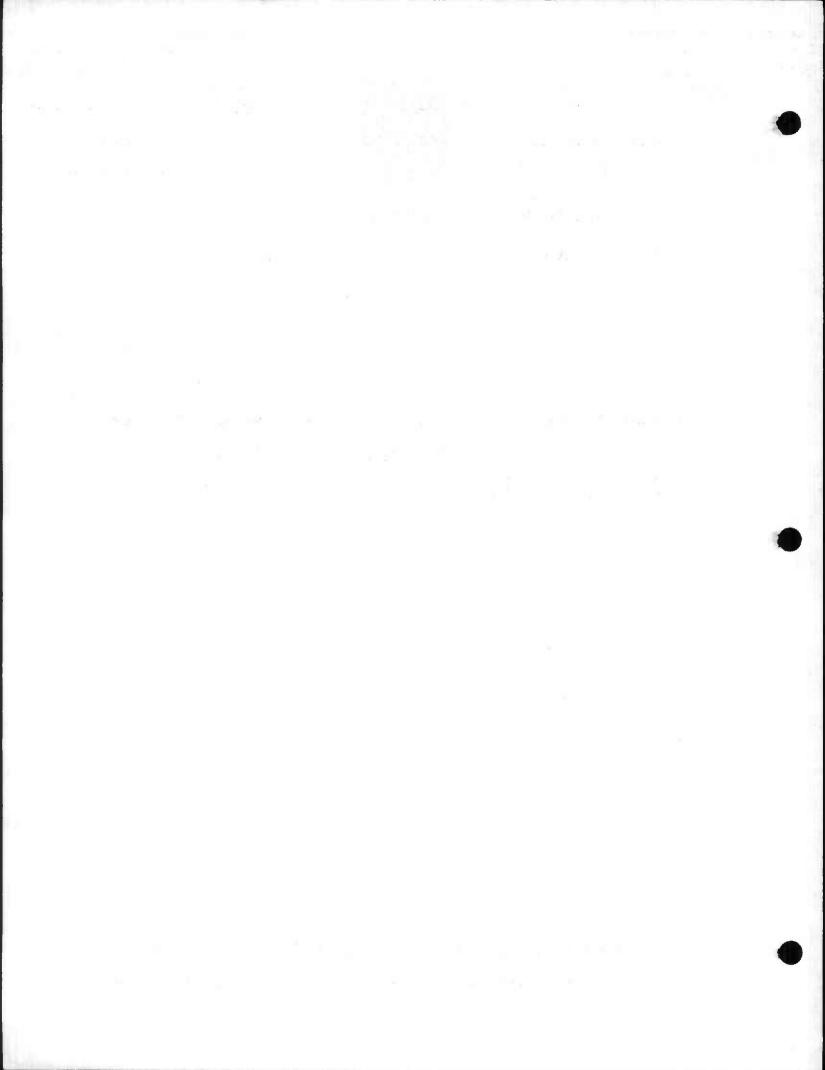
Julia Davidson-Rande ?2

State Registrar

31. Dete filed (Month, Dey, Year)

JUL 1 2 1996

DHMH 16 Rev 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended #1, 7/9/96, MRT, Montg. Cty. Certificate of Death 1. Decedant's Nama (First, Middla, Last) Sharma 2. Data of Death Month 6 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, give street and number) 4c. County of Death Suburban Hospital Bethesda Montgomery If Undar 1 Yaar If Undar 24 Hrs. 8 Data of Birth
Months Days Hours Min. (Month, Day, Year) 9. Birthpiaca (Stata or Foraign Country) 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) 1□M 2☑F Yrs 212-06-6114 59 March 19,1937 India Usual Rasidance of Decedant 10a, Stata 10b. County 10c. City, Town or Location 10d. fnsida City Limits 1 ☐ Yas 2 No Montgomery Gaithersburg 10f. Zip Coda 10g. Citizan of What Country? India 20877 12. Was Dacedant Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: 1 ☐ Yas 2 No Specify. Specify: Asian 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry

the Meryland 7 is marked other than "natural", or items 23a or 28a-f shor traumetic event, the Medical Examiner must be notified at death 2 should be filed within 72 hours after of and Mentel Hygiene.

Is marked other than "natural", or ites Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 si Department of Health and Important: If Item 27 Ie n any Injury or other traun

Physician

/Medical

Examiner

Funeral

Director

Physician /Medical Examiner

physicien end s the buriel-trensit

esn

signed by the e

Box 68760.

Records, P.O.

Division of Vital

Be 2

Examiner Physician/Medical à Completed Certification:

edicai

Yas 2□ No

Hospital:

25. Was casa raferred to medical axaminar?

certificate this funeral after death.

Director: After After 2 filled in To the Hospital of within 24 hours at To the Funerat D

> State Registrar

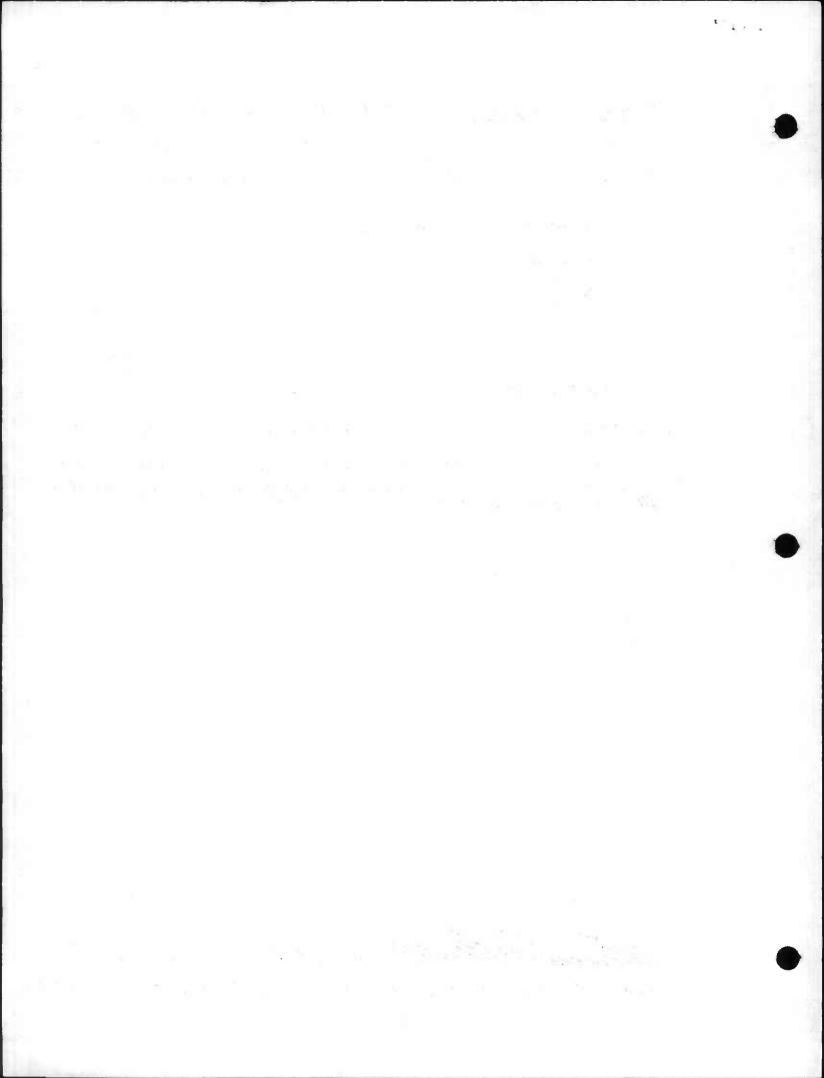
Directo Maryland 10e. Street and Number 17621 Lindstrom Court Funeral 1 Navar Married 2 Married þ 3 ☐ Widowed 4 ☐ Divorced Completed Elemantary/Secondary (0-12) Collega (1-4or 5+) 12 Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Nanak Chand Rishi Sarswati Kalia 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 20877 19a. informant's Name/Relationship (Type, Print) Sat Pal Sharma/Husband 17621 Lindstrom Court, Gaithersburg, Maryland 20b. Place of Disposition (Nama of cematary, cramatory or other place) July 8, 1996 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 X Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc., 7557 Wisconsin Avenue Bethesda, Maryland 20814-3501 21. Signature of Funeral Service Licensia M00846 23a. Part f. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsel and Death immediata Causa (Final disaasa or condition rasulfing in daath) MULTIPLE IRAUMA Dua to (or as a consequence of) Sequantially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury that initiated evants rasulting in death) Lest Dua to (or as a consequence of): Dua to (or as a consequence of): Part ff. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior fo completion of cause of death? 24a. Was an autopsy performed?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Minpatianf 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28b. Time of injury 28d. Dascribe how injury occurred 28a. Deta of Injury (Month, Day Year) 28c. injury at Work? 5 Panding Invastigation 1 Natural HOCIDED JUNE 26961 9.031 1 Yas 2 No 2 Accidant MOTOR VECHILE 6 Could not be datermined 3 Suicida 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida al MIDCOUNT Rf. 124 MEHWAY INTERSECTION 29e. Cartifiar 1 Ceptifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and doe to the causa(s) and manner as stated. (Check only one) 2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the tima, date and piece, and due to the cause(s) and manner stated. 29b. Signatura and title of couling 29c. Licansa number 29d. Data signad (Month, Day, Year) 30. Name and addrass of person who completed cause of death (itam 23a) (Type, Print) ERNWOOD RANCIS 10215 31. Data filad (Month, Day, Year) 32. Registrar's Signatura JUL 0 9 1996 which davidson Pandese

1 Yas 2 No

26. Pleas of Deeth (Check only one)

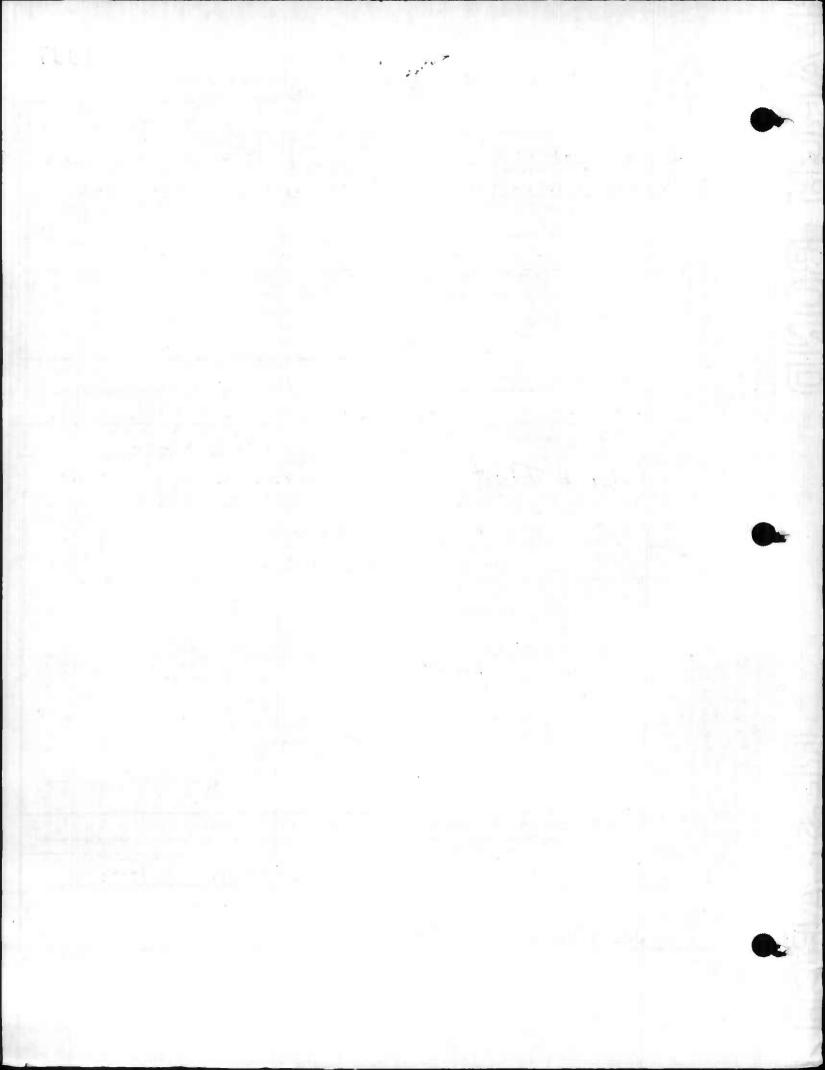
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR

	THEOROTTOM				CATI	CALE	OF L	CAIN		REG. NO			
	1. DECEDENT'S NAME (First,	Middle, Last)					,			ATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	ESTHE	R				was	zer	The state of the s		7 7		36	455 pm
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. le		IF UNDER 1		FUNDER 24 HR	/0.4	TE OF BIRTH lonth, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	313-38-8		1 M 2 💢 F	8,	YRS.				3	29 0	9	D	WELL WANNIA
-	9e. FACILITY NAME (If not in	-		1 1				LOCATION OF			1 1	NTY OF D	
Ö	Bel tore	s + 1V	159 + Ru	shabe!	-r	ton	629	HIL	2		H,	ARF	ord
E C	RESIDENCE OF DEC	10b. COUNT	Y		10c. CIT	Y, TOWN OR	LOCATIO	N					10d. INSIDE CITY
DIRECTOR	PA	Yorl	le .			1ta							LIMITS?
	10e. STREET AND NUMBER						101. 2	IP CODE			100 CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	2524 Br	yansı	ville R	ാദർ				173	14		US		
1 S	11. MARITAL STATUS	-	12. WAS DECEDEN		RMED	13, W	S DECEN	DENT OF HIS	PANIC OR	GIN? (Specify Ye	or No-	14. RACE	- American Indian
	1 Never Married 2		FORCES? 1		Ko	H 1	yes, speci	Coben, Mer	dcan, Pue	rto Rican, etc.)		Black	- American Indian,
BY	X∑ Widowed 4 □ Divo	rced			170				,			4	White
COMPLETED	15. DEC (Specify only	EDENT'S EDU highest grade	CATION completed)	(0	live kind of a	USUAL OCC	UPATION ring most	of working		16b. KIND OF BU	SINESS/IN	DUSTRY	
l iii	Elementary/Secondary (0	-12)	College (1-4 or 5	ille	. Do NOT us	se retired.)				TTen	9 4 7.		
N P	12			IN 1	urse					Hea			
	17. FATHER'S NAME (First, M						1			st, Middle, Maiden	Surname)		
BE	Chest		ise						a Ru				
2	190. INFORMANT'S NAME (lumber, City or Tow			
	20a. METHOD OF DISPOSIT												A 17314
	1 Burial 2 Cremetic	n 3 🗆 Rem	noval from Stale	cemetery, cre	ematory or o	OF DISPOSIT ther place)	0.00					City or To	
	4 Donetton 5 Other		CENSEE - 4	Brya	ensv			neter		110/96	De1	ta,	PA
	- (1.h.	1	111.7	4								-	15014
	- General	10-	wer			на	CKII	is F.	H. II	ic., De	elta	, PA	17314
	23. PART Enter the di	seases, or e	complications the	t caused the de	eath. Do r	ot enter ti	ne mode	of dying, a	uch aa c	erdlec or reap	Iratory ar	reat,	Approximete
	IMMEDIATE CAUSE (Fir												Interval Between Onset and Daath
	disease or condition resulting in death)	→	Ceru	ero Vo	ucu	lar 1	Acc	der	4				3 Years
	F 7 1 1 4 1 1 1		DUE TO	(OR AS A CONSE	OUENCE O	7:0							STAN
Z	Sequentially list condit	lone C	o. Ceru	stura	1	Try	POT	usn	رد				3/43.
CERTIFICATION	if any, leading to imme- ceuse. Enter UNDERLY	diete	DUE TO	(OR AS A CONSE	OUENCE O	·):							V
	CAUSE (Disease or Inju		c. DUE TO	(OR AS A CONSE	OHENCE OF	D.							
E	thet initiated events resulting in death) LAS	T	552.10	(OIL NO H CONSE	OULIVOE O	-).							
E		-	d										-
A	PART II. Other algolfice	nt condition	na contributing to	deeth but not	resulting	In the und	erlying o	ause given	In Part I	. 24a. WAS AN		24b	WERE AUTOPSY FINDINGS
EDICAL	_old	age.		lal nut	ulik	30				1 TYES	-		COMPLETION OF CAUSE OF DEATH?
Z		0	- 1										1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL						E OF DEATH	(Check only	y one)			
/SI	1 TES 2 NO		HOSPITAL:	ER/Outpatient	DOA :	4 Dursir	e ig Home	5 🗆 Residen	ce 6 🗆 0	ther (Specify)			
H	27. MANNER OF DEATH		26e. DATE OF (Month, D		26b. TIM	E OF 2	8c. INJUR	Y AT	28d.	DESCRIBE HOW	NJURY OC	CURED	
84	1 Mitural 5 2 Accident	Pending Investigation				М		2 NO					
		Could not be	26e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm,	street, factor	y, offica		261. L	OCATION (Street	end Numbe	r or Rural f	loute Number,
COMPLETED	4 Hornicide	detarmined											
2	29e. CERTIFIER (Check only	FYING PHYS	ICIAN: To lhe best of	my knowledge, de	eth occum	ed at the lim	e, dete er	d place, end	due to the	cause(e) end me	nner se ets	rted.	
8	one) 2 MEDI	CAL EXAMINE	ER: On the basis of s	xamination end/or	Investigation	n, in my opi	nion, des	h occured at	ihe time, c	lete end place, ar	nd due lo t	he cause(e) end manner as stated.
	296. SIGNATURE AND TITLE	OF CERTIFIE	R				2	9c. LICENSE	NUMBER		29d. DA1	TE SIGNED	(Month, Day, Year)
BE C	Whi	an	MD					D3	260	9	> 7	1710	
٤	30 NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)				0		-	
	Kamno	ens 1	Melian	n. mp	203	Rev.	dut	ion St	+ +	favre.	Del	Dae	m21078
		Mari	22 DECISTO	D'S SIGNATION		-				1		,	. 4
	31. DATE FILED (Month, 'Day,		St. HEGIS UN	III SOSIGITALI G	A								
	JUL STEEP FILED (Month, Day,	1996	32.3%	R'SIGNATUR	lill								





BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with a few after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Deet, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - STATE STATE REGISTRAR	OF MARYLAND / DEPARTM CERTIFIC	ENT GS MEALTH AND MATE OF DEATH	MENTAL HYGIENE REG. NO.	20 21990
	1. DECEDENT'S NAME (First, Middle, Last) Richard Edu	vard Sla	vin	2. DATE OF DEATH	YEAR 730 M
	4. SOCIAL SECURITY NUMBER 5. SEX 217-32-1226 9a. FACILITY NAME (If not institution, give street and num	6. AGE (In yrs. lest birthday) #F Mon	UNDER 1 YEAR IF UNDER 24 HRS. YTHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF DE	7. DATE F BIRTH (Month, Day, Year) August 14, 191 ATH 9e. COU	8. BIRTHPLACE (State or Foreign Country)
TOR	Meridian Nursing Cente	er I	aPlata	Ch	arles
DIRECTOR	106. STATE 106. COUNTY Maryland Charles		own on location n Head		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10. STREET AND NUMBER 108 Mattingly Ave.		10f. ZIP CODE 20640		S.A.
BY	11. MARITAL STATUS 12. WAS 0 1 Never Married 2 12 Married FORC	DECEDENT EVER IN U.S. ARMED ES? 1 ☐ YES 2 ☑ NO S, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexical 1 YES 2 NO Specify	IIC ORIGIN? (Specify Yes or No— n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College ((1-4 or 5+) life. Do NOT use re	done during most of working	16b. KIND OF BUSINESS/IN	DUSTRY
COM	17. FATHER'S NAME (First, Middle, Last)	Store	18. MOTHER'S NAI	Self Emplo ME (First, Middle, Maiden Surname)	ved
BE	Richard Fdward Slavin,		Florence DRESS (Street and Number or Rural F	e Marie Michau	
2	Richard Edward Slavin,		th st., #3J, N		
	20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Removal from 5 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES	state 20b. PLACE AND DATE OF D cemetary, cremetory or other. Old Durham	Episcopal Churce 22. NAME AND ADDRESS OF FAM	96 Ironsid	des, Maryland
	Wishfiller	M00668	Indian Head,		
	immediate Cause that disease, or complicate another failura. List only immediate cause that disease or condition resulting in death)	One that caused the death. Do not one ceuse on each line. Subdance DUE TO (OR AS A CONSEQUENCE OF):	hengtong	h ss cerdiac or respiratory ai	rrest, Approximats interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):			
ERT	resulting in death) LAST				
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributed and in my apathy	uting to deeth but not resulting in t	he underlying couse given in	Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
N.	DID TOBACCO USE CONTRIBUTE			N D	1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 nom	26. PLACE OF DEATH (TAL: tlent 2 ER/Outpatient 3 DOA 4	THER: Nursing Home 5 - Residence	a C Other (County)	
ву РНУ	27. MANNER OF CEATH 28s.	DATE OF INJURY (Month, Day, Year) 28b. TIME O INJURY	F 28c. INJURY AT	28d. DESCRIBE HOW INJURY OF	CCURED
	- Accident	PLACE OF INJURY — At home, term, stratbuilding, atc. (Specify)	it, factory, office	281. LOCATION (Street and Number City or Yown, State)	er or Rural Route Number,
COMPLETED		ne best of my knowledge, death occurred a			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	_~~	29c. LICENSE NUM	436 P	TE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLE B. Larry Jenkins	E 70 Box 1720	1 LAPPAL I	Suppose	UPUOE
	31. DATE FILEDY U.M. 17. 5 1996 32. 5	edistrants signature du de de de de de de de de de de de de de		0	

State of Maryland / Department of Health and Mental Hygiene

		Certificate of Death Reg. No.												
Physici	ian	Month Day Yaar G. 2									3. Tima of Death			
/Medi	cal	MILDRED LARUE SITTIG 4a. Facility Nama (If not Institution, giva street and number)						4h Cihi Toum	Jul 4		996	8:35 A		
Examir	ner	Carroll				or Location of Daai ninster	th 4c. County of Death Carroll		7 1					
Funeral		5. Social Security Num		Sax	7. Aga (In yrs.	last birthday)	If Undar 1 Yaar	If Undar 24	Hrs. 8. Data of Bi			ace (Stata or Foreign		
Director		218-38-4185 1□M 架F 76				Yrs. Months Days Hours			oct. 7	, 1919	Year) 9. Birthplace (Stata or Foreign Country) Maryland			
pu *	al Director	Usual Rasidanca of D 10a, Stata 1	ecedant 10b. County		10c Cit	y, Town or Loc	cation				10	Od. Insida City Limita		
Manyla f sho										1 □ Yas				
the the		Maryland 10e. Street and Numb	Carr	.011	V	Vestminster 10f. Zip Coda				10g. Citizen of What Country?				
s 1 and 2 should be filed within 72 hours effer death with the Maryland f Health and Mantal Hygiane. If Health and Mantal Hygiane. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at		102 Timber Ridge Drive					2115		United States					
	Funeral	11. Marital Status 12. Was Decedant Evar in U Armed Forcas? 1 Navar Married 2 Marriad 1 Yas 2030			,S. 13. V	Vas Decedant of H	? (Specify Yas or No		e - Amarica					
	Completed by Fu				If Yas, specify Cuban, Maxican, Puarto Rican, a) Black, Whita, atc. Specify:					
hours ural,		3 ☐ Yaar or Datas:								White				
in 72		(Specify	, , , , ,	reda complated,		(Giva I	ant's Usual Occup kind of work dona OO NOT usa ratired	during most of	working	16b. Kind of Business/Industry		ustry		
withi jane. r than		Elamantary/Secondary (0-12) Collaga (1-4or 5+)				Homemaker				Domestic				
be filed ital Hygid d other event, it	Be C	17. Fathar's Nama (Fi		st)		18. Mothar's Na			Nama (First, Middle	, Maidan Suman	na)			
should bud Mant marked	To	Vernon Ma	thias					Heil	len Schae	ffer				
le short le mar		19a. Informant's Nam		. , , , ,						ral Routa Number, City or Town, Stata, Zip Code)				
of Health item 27 other tr		William C. 20a. Mathod of Dispos		3	20h P		HOLLINS sition (Nama of	Lane,	Burke, Va	22015 20c. Location -		um Chata		
Pages nent of I nnt: If its iry or of		15 Burial 2 □	Cramation 3		Stata	ematary, cram	atory or othar plac	*	7/11		1			
교투론증		4 ☐ Donetion 5 21. Signatura of Funa			Joni		Nama and Addra		ial Cemet	ery, wes	tmins	ter, MD		
Depa Impo any ir		PA	+1	11.2.		My	ers Fune	eral Hor	ne		011			
		23e. Part1. Entar tha shock, or heart f	disaasa, or co	mpije itions that	causad the deati				, Westmin			Approximata		
Physician		snock, or neart t	reliura. List on	y ome causa on	aach lina.							tritarval Between Onsat and Death		
/Medical Examiner		tmmediete Ceuse (Fir disaasa or condition	nal	,	450	LVI					1			
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nsit	Examiner			b	,		5		·					
execunand n and iel-tra	Exai	if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events					is a consequance of):							
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ath ce ttendii or use		d,												
0 0 0	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause g						givan in Part I. 23b. Did tobacco use contributa to the caus				the causa of death?		
v requires thet the de been signed by the (should be detached		C.H.F. J.D.D.M. P. Hypothyroidism				P.V.	D .		10	1 Yes 2 No 3 Probably				
uires t sign	d by	11	40	Α.)		24a Was	an autopsy	24b, Wei	ra autopsy findings		
The lew requires thet the sta has been signed by the page 2 should be detache	lete	Hypothyroidism								performed?		ilable prior to aplation of causa eath?		
he le ta has ege 2	To Be Completed								1/-			Yas 2□ No		
		25. Was casa rafarred	to medical					26 Place of	Death (Check only			140 2010		
> 00		axaminar? 1 Yas 20 No)		
0 0 0														
Attending or deeth. ector: After by the fune	Certification:	Accident invastigation				M 1 ☐ Yas 2 ☐ No ma, farm, straat, factory, offica			29f Loantion	Off Leasting (Comptant All managers Provide All managers				
after Direct	ertif								City or To	28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)				
pours seral		29a. Cartifiar 12 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated.												
	0	(Check only one) Medical Examinar: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated.												
n 24 h	8								29d. Data signe	a signed (Month, Day, Year)				
To the How within 24 h To the Fur completely	Medical	29b. Signatura and title	a or certinar		Hames 7-10-96									
To the Hor within 24 h To the Fur completely	Med	29b. Signatura and title	a of certifiar	Lors	ben		D5	5661		1-10-	-96			
To the How Within 24 h	Med	29b. Signature and title	The				Print)			1-10-	-96			
To the Hospital or Attending within 24 hours after deeth. To the Funeral Director: Air completely filled in by the fur	Σ	James L. H	s of person who	g 912	Washing	ton Ro	orint) ad, West		, MD 211		-96			
To the Hor Within 24 h Within 24 h To the Fur completely	∑ te	James L. H	s of person who	g 912		ton Ro	orint) ad, West		, MD 211		-96			

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IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR		CERTIF	CALE	F DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		3	. TIME OF DEATH		
	Arthur	Tavlor				July 2	. 1996	YEAR	10.05 a M		
			E (In yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7 DATE OF BIS	TU		ACE (State or Foreign		
	216-18-8882	XXM 2 F	72 YRS.	MONTHS DAY		(Month, Day,	, 1924	Country			
- 0	9a. FACILITY NAME (If not institution, give stree		72						sfield MD		
~	Edw. W. McCready 1	oonital	9b. CITY, TOWN OR LOCATION			9c. CO		TY OF DEATH			
0	the improduction and increase of the contract	Temorral n	ospicai	ital Crisfield				Somers	set		
ទួ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		40.00								
DIRECTOR		.comico		r, TOWN OR LO	CATION			10	0d. INSIDE CITY LIMITS?		
0		COMILCO	Ĩ	arion				1	YES 2 NO		
3	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF WHAT C		AT COUNTRY?		
FUNERAL	Post Office B			21838		USA					
5	11. MARITAL STATUS 1	2. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS I	ECENDENT OF HISPA	NIC ORIGIN? (Spe			- American Indian.		
	1 Never Married 2 X Married	FORCES? 1 YE	S 2 NO	II yes	specify Cuban, Maxic 'ES 2 NO Speci	en, Puerto Ricen,	rto Ricen, atc.)		4. RACE — American Indian, Black, White, etc. Specify: Black		
B∀	3 Widowed 4 Divorced	ii izo, are min on	DAIES	, ,	ES 2 M NO Speci	ry:		Specify:	DIACK		
0	15. DECEDENT'S EDUCAT	TION	18a. DECEDENT'S	USUAL OCCUP	TION	16h KIND	OF BUSINESS/II	HOLIETOV			
E 1	(Specify only highest grade co		(Give kind of v	work done during	most of working	100.1010	TOOL THIS OF BOSINESS/INDOSTRY				
2	10th	College (1-4 or 5+)	Tabo	Laborer			arming				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Labo	TCI	1			- :			
8						AME (First, Middle,					
H	Corneluis Taylo	Г				ary Just					
2	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural						
	Ella Taylor		P.O.	Box 14	, Marion,	Marylan	d 21838	3			
	20a. METHOD OF DISPOSITION 1 ↑ Burlet 2 □ Cremation 3 □ Remove		Ob. PLACE AND DATE		(Name of	DATE	20c. LOCATION -	N — City or Town, State			
- 1	4 Donation S D Other (Specify)		emetery, cremetory or of Liberia C	her place) hurch (Cemeterv	7/6/96	Marion	ion, Maryland 21838			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME	AND ADDRESS OF FA	CILITY	TACL ZOIL	, race y.	Land 21050		
- 1				Bei	nnie Smith	Lunera	I Home	11051			
					St. Poc		-				
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	nplications that caus	ed the desth. Do n	ot enter the	mode of dying, suc	h aa cerdlec o	r reapiratory a	rreat,	Approximate		
	IMMEDIATE CAUSE (Final			1	-	1			Onset end Death		
	disease or condition reaulting in death)	ł	tente 11	40 card	ial Infa	rhow					
	readiting in death) . a	DUE TO (OR AS	Aconsequence of Cerrismo va	7):	A 2	\					
- 1	-17		Corchange	, Cular	traver	r					
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF): 1							
X	If any, leeding to immediate cause. Enter UNDERLYING										
E	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF):				· · · · · · · · · · · · · · · · · · ·	1		
E	resulting in death) LAST										
뜅	a								1		
	PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s.								ERE AUTOPSY FINDINGS		
EDICAL	the per	cholosta	Nacuna	unh			PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
	31					— ' [.]	TES 2 V NO		F DEATH?		
Σ	DID TOBACCO USE CONTRIE	LITE TO CALICE	OF DEATH VE	C ET NO	E UNICEDEAL			1	YES 2 NHO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	BUTE TO CAUSE									
O	EXAMINER?	IOSPITAL:	26. PLACE OF DEAT	OTHER:	70)						
XS		☐ Inpetient 2 ☐ ER/O	ripatient 3 🗆 DOA		ome 8 Residence	8 Other (Spec	ffy)		14		
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Ybar)	28b. TIMI		INJURY AT WORK?	28d. DESCRIBE	HOW INJURY O	CCURED			
BY	1\vec{V} Natural 8 Pending 2 Accident Investigation	15,30,-3,033				YES 2 NO					
	3 Suicide 6 Could not be	28s. PLACE OF INJURY — At home, farm, street, factory building, etc. (Specify)			ffice	281, LOCATION	OCATION (Street and Number or Rural Route Number,				
巴山	4 Homicide determined	эвспу)	*)			offy or Town, State)					
۳ ا	29a. CERTIFIER										
COMPLETED		N: To the best of my kno									
8 1	2 MEDICAL EXAMINER:	on the besis of exeminer	ion and/or investigation	n, in my opinior	, death occured at the	time, data and pl	ace, and due to	the cause(s) so	nd manner as stated.		
H	29b. SIGNATURE AND TITLE OF CERTIFIER	10/00 11	14		29c. LICENSE NU		29d. DATE SIGNEO		onth, Day, Year)		
							► 7.3.9L				
90. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
WILLIAM GILL MP. BURTON AVE, CRUSFIELD 21817.											
31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE											
	4444										
	JUL 1 2 1996	Stoke Da	ridson-Randa	22					11		

